

L080000/3111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

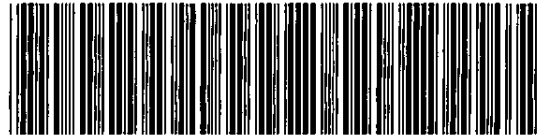
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Effective Date 01/30/08

02/05/08--01013--003 \*\*125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB - 5 PM 3:11

J. BRYAN

FEB - 6 2008

EXAMINER

## COVER LETTER

**Date:** FEBRUARY 4, 2008

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCT MORTGAGE SCHOOL, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joe ThurdeKoos  
MCT Realty, LLC  
4301 Vineland Road, Suite E-6  
Orlando, FL 32811

For further information concerning this matter, please call:

Joe ThurdeKoos at (407) 481-8530

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee and Certificate of Status
- \$155.00 Filing Fee and Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED OF STATIONS  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 FEB - 5 PM 3: 11

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
MCT MORTGAGE SCHOOL, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the LLC is:

**Principal Office Address:**

4301 Vineland Road  
Suite E-6  
Orlando, FL 32811

**Mailing Address:**

4301 Vineland Road  
Suite E-6  
Orlando, FL 32811

Effective Date 01|30|08

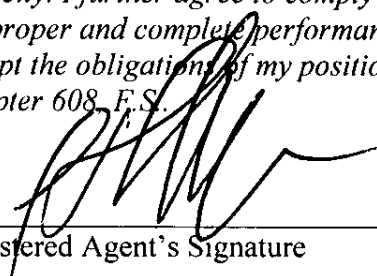
**ARTICLE III -**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Carlos ThurdeKoos  
4301 Vineland Road  
Suite E-6  
Orlando, FL 32811

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

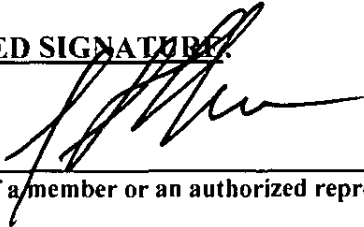
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Dr. Luis A. Sosa-Lozano 4301 Vineland Road, Suite E-6 Orlando, FL 32811
MGRM	Carlos ThurdeKoos 4301 Vineland Road, Suite E-6 Orlando, FL 32811
_____	_____
_____	_____
_____	_____
_____	_____

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**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 30, 2008.  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlos ThurdeKoos - name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)