

LOGOVV120719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

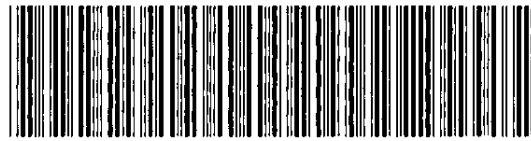
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
DEC 21 2009
EXAMINER

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09 DEC 18 AM 10:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SPECIALTY MORTGAGE, LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: Brandon 12/18 PM
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I-Name:

The name of the Limited Liability Company is:

SPECIALTY MORTGAGE, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015

Mailing Address:
14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015

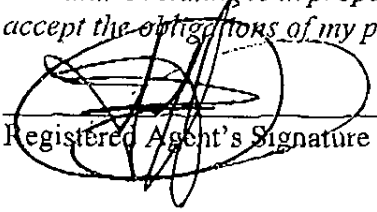
ARTICLE III-

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

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

ABEL A. LOPEZ
14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015

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

ARTICLE IV- Managing Members:

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

Title:
"MGRM"= Managing Member

Name and Address:

"MGRM" ABEL A. LOPEZ

14025 Riveredge Drive Suite 320
Tampa, Florida 33837-2015

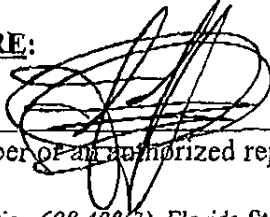
"

ARTICLE V: Effective date:

SOLAR MANAGEMENT, LLC shall commence its existence upon the date these Articles of

Organization are filed by the Florida Department of State.

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to be 'ABEL A. LOPEZ', written over a horizontal line.

Signature of a member of 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.)

ABEL A. LOPEZ
Typed Name of Signee