

L 14000174386

(Requestor's Name)

(Address)

(Address)

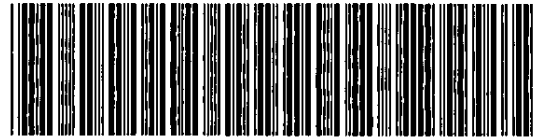
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300263477623

09/23/14--01011--022 **130.00

SPECIAL AUTHORIZATION BY PHONE TO

CORRECT _____

DATE _____

DCC EXAM _____

W14-59154

Office Use Only

Ellen Glasscock

AUTHORIZATION BY PHONE TO

CORRECT Name of entity

DATE 11/10/2014

DCC EXAM *[Signature]*

FILED
14 SEP 23 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14
11/10/14

James P. McTernan
5149 SE Miles Grant Terrace
Stuart, Florida 34997

Florida Department of State
Registration Section
Division of Corporations
Attention Elliot McCaskill
P. O. Box 6327
Tallahassee, Florida 32314

November 10, 2014

Re: Establishing Florida LLC: NFC Mortgages, LLC

Dear Mr. McCaskill,

The enclosed Articles of Organization are submitted for filing, in place of the request dated 19-September-2014.

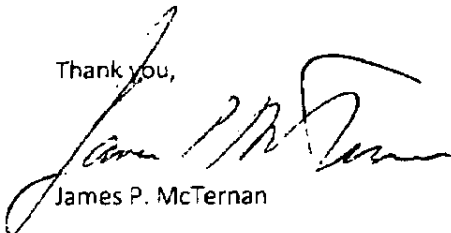
Please return all correspondence concerning this matter to:

James P. McTernan
5149 SE Miles Grant Terrace
Stuart, Florida 34997

Email: nfcmortgages@aol.com
daytime phone number: 908-642-4930

A check for \$130.00 for the filing fee and Certificate of Status was sent with the original request.

Thank you,



James P. McTernan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~NFC Mortgages, LLC~~ NFC of Florida, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

James P. McTernan

Name of Person

Firm/Company

5149 SE Miles Grant Terrace

Address

Stuart, Florida 34997

City/State and Zip Code

nfemortgages@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P McTernan at (908) 781-2222 (cell)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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14 SEP 23 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2014

JAMES P. MCTERNAN
5149 SE MILES GRANT TERRACE
STUART, FL 34997

SUBJECT: NATIONWIDE FINANCIAL, LLC
Ref. Number: W14000059156

We have received your document for NATIONWIDE FINANCIAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is T00000000904.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00020727

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~NFC Mortgages, LLC~~ NFC of Florida, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5149 SE Miles Grant Terrace (same)
Stuart, FL 34997

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James P. McTernan

Name

5149 SE Miles Grant Terrace

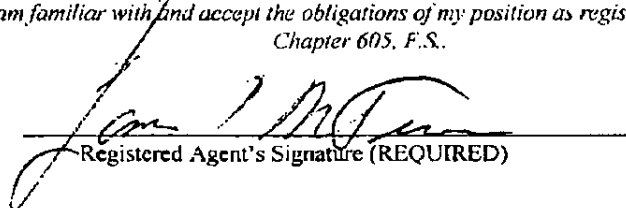
Florida street address (P.O. Box NOT acceptable)

Stuart FL 34997

City

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

James P McTernan
5449 SE Miles Grant Terrace
Stuart, Florida 34997

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

James P McTernan

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMES P McTERNAN

Typed or printed 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA