

L00000001317



INTERLACHEN FINANCIAL GROUP
Commercial Mortgage Bankers

Post Office Box 1916
Winter Park, FL 32790-1916

Licensed Mortgage Brokers

Licensed Real Estate Brokers

VIA FACSIMILE

From: Amanda Izzo

To: To Whom It May Concern

Re:

Date/Time: January 18, 2000

Message: Enclosed please find an Articles of Organization form and a check in the amount of \$155.00. Please file this company and designation of the registered agent. Please also send me a certified copy of the filing. If you should have any questions or comments, please contact me at 407-539-1600.

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****155.00 ****155.00

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledged	
P. Verifier	

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Phone (407) 539-1600

Courier Address:
250 Park Ave. South, Suite 625
Winter Park, FL 32789

Fax (407) 539-1650

① suffix



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 26, 2000

AMANDA IZZO
INTERLACHEN FINANCIAL GROUP
P.O. BOX 1916
WINTER PARK, FL 32790-1916

SUBJECT: INTERLACHEN COMMERCIAL MORTGAGE COMPANY
Ref. Number: W00000002235

We have received your document for INTERLACHEN COMMERCIAL MORTGAGE COMPANY and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 300A00003711

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Interlachen Commercial mortgage company, LLC

ARTICLE II - Address:

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

Street address { 250 Park Avenue South Mailing Address { PO Box 1916
Suite 625 WINTER PARK, FL 32789 WINTER PARK, FL 32790

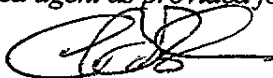
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C. Baxter Bode
Name
250 Park Avenue South #625
Florida street address (P.O. Box NOT acceptable)
WINTER PARK FL 32789
City, State, and Zip

00 FEB - 4 PM 3:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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..



Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

C. Baxter Bode

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)