

Brian David Vincent

Requester's Name

335 Beard ST

Address

32303

Tallahassee, FL

City/State/Zip

860-222-5626

Phone #

L010000001820

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. First Florida State Mortgage, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-05/17/01--01054--001

\*\*\*\*125.00 \*\*\*\*125.00

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 17 AM 11:04

APPROVED  
AND  
FILED

Examiner's Initials

5-17-01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

First Florida State Mortgage, LLC

## ARTICLE II - Address:

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

335 Beard Street  
Tallahassee, FL 32303

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

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

Spencer Ingram  
Name  
118 Salem  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State, and 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 608, F.S..*

Spencer Ingram  
Registered Agent's Signature

## 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.

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

Brian David Vincent  
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.)

Brian David Vincent  
Typed or printed name of signer

## 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)

APPROVED  
AND  
FILED  
01 MAY 17 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA