

Division of Corporations

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L01000008969**Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

LIMITED LIABILITY COMPANY**SAVANT MORTGAGE COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
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Division of Corporations

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Estimated Charge

\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO: H01000071324

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is Savant Mortgage Company, LLC

ARTICLE II - Address:

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

P.O. Box 1172, Jacksonville, Florida 32201

2901 S. Fletcher Street, Fernandina Beach, Florida 32034

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

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

F&L Corp.

Name

200 North Laura StreetFlorida street address (P.O. Box NOT acceptable)Jacksonville, FL 32202

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 completed 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.

F&L CORP.

By: [Signature]

Carmine W. Lever, Jr., authorized signatory

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)

[Signature]
Signature of a member or an authorized representative of a member

(In accordance with section 608.405(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John M. Welch, Jr., authorized representative of a member

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)

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