10300009928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
А
3121
Office Use Only



600013157656

03/12/03--01023--012 **155.00

03 MAR 12 PM 1:20

SHARIZ AND 2

Charter Number Only

VALIDATION

0 N L Y

Regulation's Name
Address
City State ZiP Phone

03 MAR 12 PM 1: SELLETARY LEST ALLAHASSEE, FLO

CORPORATION(S) NAME

Acknowledgment

W.P. Verifier

		- 10 To 10 T
Mortagae	Center of t	the Americas.
0 0	UC	, (, , , , , , , , , , , , , , , , , ,
() Profit		
() NonProfit () Amendment	() Merger
() Foreign () Dissolution	() Mark
() Limited Partnership () Annual Report	Lother 71 C
() Reinstatement () Reservation	Change of Registered Agent
Certified Copy () Photo Copies	() Certificate Under Seal
() Call When Ready () Call If Problem	() After 4:30
() Walk in () Will Walt	Pick Up	() Mail Out
Nems Availability		
Dacument		
Examiner		
Updater		
Verifier		
	= "	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

8
ARTICLE I - Name: The name of the Limited Liability Company is:
Mortgage Center of the Americas. LLC ARTICLE 11-Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
1500 Cordora Rd H 214° If Land. H. 33316 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
loelle Maximilian-Miller == 3
Name Value Maximilian - Miller Name Value St. Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Holly wood FL 33020 TG P TO
City, State, and Zip
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 (An additional article must be added if an effective date is requested)
Signature of a member do 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.)
Hollis Hayden Thomas 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)