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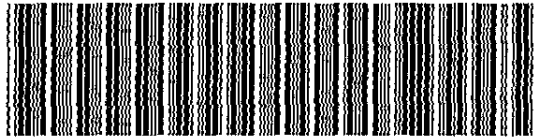
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03 JUL 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORTGAGE FUNDING RESOURCES, 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:

LOUIS MICHAEL MASSARO

(Name of Person)

GREENLEAF REALTY ADVISORS

(Firm/Company)

6813 THOMAS CIRCLE

(Address)

TAMPA, FLORIDA 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS MASSARO

(Name of Person)

at (813) 334 7224

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORTGAGE FUNDING RESOURCES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6813 THOMAS CIRCLE
TAMPA, FLORIDA 33619

Mailing Address:

S/A

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

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

LOUIS MICHAEL MASSARO
Name
6813 THOMAS CIRCLE
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33619
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Louis M. Massaro.
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

LOUIS MICHAEL MASSARO
6813 THOMAS CIRCLE
TAMPA FL 33619

MGR M

TYLER J. SMITH
27081 MATHESON AVENUE
BONITA SPRINGS, FL 34135

MGR M

BRIAN M. GEIDNER
9240 BONITA BEACH ROAD S/E 1117
BONITA SPRINGS, FL 34135

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Louis M. Massaro.

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.)

LOUIS M. MASSARO

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)

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TALLAHASSEE, FLORIDA