

L04000000552

(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:

Office Use Only



700025676947

12/23/03--01047--028 \*\*125.00

EFFECTIVE DATE

1/1/04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:52

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PCASSO MORTGAGES, 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:

PERALT CASSAGNOL  
(Name of Person)

PCASSO MORTGAGE  
(Firm/Company)

7491 PARKSIDE Lane  
(Address)

MARGATE, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

PERALT CASSAGNOL at 754 368-9748  
(Name of Person) (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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:52

December 22, 2003

FROM: PERALT CASSAGNOL  
7491 PARKSIDE LANE  
MARGATE, FL 33063



TO : Registration Section  
Divisions Of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**SUBJECT: Articles of organizations for PCASSO MORTGAGES, LLC**

Please accept my application and \$125.00 fee for organizing

**PCASSO MORTGAGES, LLC**  
7491 PARKSIDE LANE  
MARGATE, FL 33063

Should you have any questions, please don't hesitate to contact me at my address and phone numbers below.

PERALT CASSAGNOL  
7491 PARKSIDE LANE  
MARGATE, FL 33063  
Cell: 754-368-9748  
Home: 954-984-1922

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:52

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pcasso Mortgages, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

7491 PARKside Lane  
Margate, FL 33063

Mailing Address:

7491 PARKside Lane  
MARGate, FL 33063

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


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

PERALT CASSANO  
Name

7491 PARKside Lane  
Florida street address (P.O. Box **NOT** acceptable)

MARGate, FLORIDA 33063  
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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MANAGER  
(MANAGING Director)

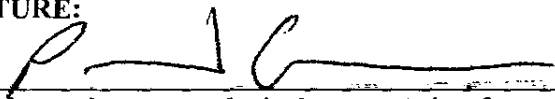
PERALT CASSAGNOL  
7491 PARKSIDE Lane  
MARGATE, FL 33063

(Use attachment if necessary)

Effective date: 01/01/2004

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

**REQUIRED SIGNATURE:**

  
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.)

PERALT CASSAGNOL  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:52