

LD4000030498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

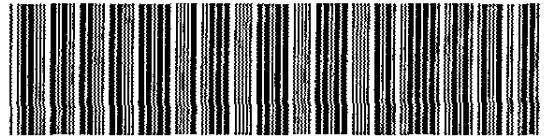
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Classique Mortgage 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:

Monique Casseus  
(Name of Person)

Classique Mortgage LLC  
(Firm/Company)

633 N.E. 167 St #1001  
(Address)

No. Mia Bch, Fl. 33162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monique Casseus at (305) 651-8877  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Classique Mortgage LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Monique Casseus  
633 N.E 167 St #1001  
N.M.B., FL 33162

**Mailing Address:**

633 N.E 167 St #1001  
731 N.E 170 St  
N.M.B., FL 33162

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

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

Monique Casseus

Name

633 N.E 167 St #1001

Florida street address (P.O. Box NOT acceptable)

N.O.Mia Bch FLORIDA 33162

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

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

Monique Casseus  
633 N.E. 1167 St #1001  
N.M.B. J.L. 33162

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