

L04000067308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/14  
CHS

**MICHELLE ROY**

5263 WHITE SAND CIRCLE N.E. ST. PETERSBURG FLORIDA 33703 ♦ (727) 526-4620

September 10, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Dear Sirs:

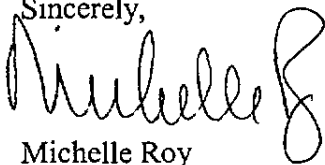
Enclosed please find Articles of Organization, check and Transmittal letter for application of my L.L.C.

I can be reached at:

Michelle Roy  
5263 White Sand Circle, NE  
St Petersburg, FL 33703  
Daytime phone 727- 526-4620

Thank you so much for your prompt attention to this matter,

Sincerely,



Michelle Roy

**FILED**  
04 SEP 13 PM 12:00  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mortgages Done Rite, 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:

Michelle Roy  
(Name of Person)

Mortgages Done Rite, LLC  
(Firm/Company)

5263 White Sand Circle NE  
(Address)

St Petersburg, FL 33703  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Roy at ( 727 ) 526-4620  
(Name of Person) (Area Code & Daytime Telephone Number)

**FILED**  
04 SEP 13 PM 12:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

Mortgages Done Rite, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5263 White Sand Circle NE

St. Petersburg, FL 33703

**Mailing Address:**

5263 White Sand Circle NE

St. Petersburg, FL 33703

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

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

Michelle Roy

Name

5263 White Sand Circle NE

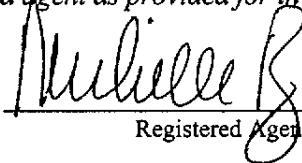
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, FLORIDA 33703

City, State, and Zip

**FILED**  
04 SEP 13 PM 12:00  
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, 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:**

MGRM \_\_\_\_\_

Michelle Roy \_\_\_\_\_

5263 White Sand Circle NE \_\_\_\_\_

St. Petersburg, FL 33703 \_\_\_\_\_

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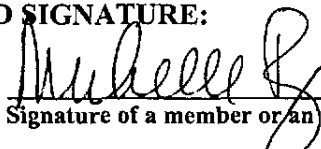
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)

Michelle Roy \_\_\_\_\_

Typed or printed name of signee

**FILED**  
04 SEP 13 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)