## L0500000-7124

(	Request	or's Name)	
	(Address)	, , , , <del>, , , , , , , , , , , , , , , </del>	
(	(Address)		
	City/State	e/Zip/Phone #	)
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## TRANSMITTAL LETTER

I WAINDIVII I	IALLEILEK
TO: Registration Section Division of Corporations	
SUBJECT: DLA Mortae (Name of Limite	TAE, LLC d Liability Company)
The enclosed Articles of Organization and fee(s) are so	abmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Doreen Ala	att
DLA Mortg	age, LLC
12553 Woodmil	/ Dr: ve
· · · · · ·	State and Zip Code)
For further information concerning this matter, please of	
Doceen Alcott (Name of Person)	at ( 561 ) 799 - 5555 (Area Code & Daysime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Taliahassee, 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 1 - Name: The name of the Limited Liability Company is:				
DLA Morta	rage, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:			
12553 Woodnill Drive Palm Boach Gardens, FL 33418	12533 Woodmill Drive Palm Beach Gardens FG 33418			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the r	egistered agent are:			
Dorean Alcot	<del></del>			
	lress (P.O. Box NOT acceptable)			
Palm Beach Gardous City, State, 8	FL 33418			
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
X A Registered Agent's	SECRETARY OF SEC. 7.			
(CONTIN	UED)			
Page 1 of 2				

itle: MGR" = Manager	Name and Address:
MGRM" = Managing Member	
MGRM	Dorce H Alcott 12553 Woodmill Driver Palm Branch Gardens FL 33418
- 	
Ise attachment if necessary)	
OTE: An additional article m	nust be added if an effective date is requested.
EQUIRED SIGNATURE:	
A Parce	a Clear
(In accordance with of this document of	ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Dores	N Alcott Typed or printed name of signee
	[-0 Di
Filing Feez; \$125.00 Filing Fee for Articles of C	Organization and Designation