

LOS 0000 23741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

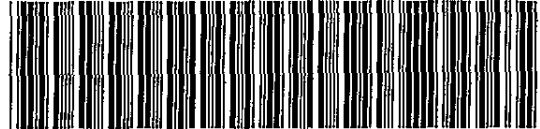
Special Instructions to Filing Officer:

W05-9489

2848

Rej

Office Use Only



500046518605

02/21/05--01015--003 **125.00

FILED
05 MAR -9 AM 8:04
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 7, 2005

SHARLYN DAVIS
4915 CONGRESS AVE., STE. D
LAKE WORTH, FL 33461

SUBJECT: MORTGAGE SOLUTIONS
Ref. Number: W05000009489

We have received your document for MORTGAGE SOLUTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 705A00012814

05 MAR -9 AM 8:05
STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 23, 2005

SHARLYN DAVIS
4915 CONGRESS AVE., STE. D
LAKE WORTH, FL 33461

SUBJECT: MORTGAGE SOLUTIONS
Ref. Number: W05000009489

We have received your document for MORTGAGE SOLUTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 705A00012814

Re: letter

FILED
05 MAR -9 AM 8:05
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORTGAGE SOLUTIONS

(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:

SHARLYN DAVIS

(Name of Person)

MORTGAGE SOLUTIONS

(Firm/Company)

4915 CONGRESS AVE, STE D

(Address)

LAKE WORTH, FL 33461

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARLYN DAVIS

(Name of Person)

at

(561) 248-5491

(Area Code & Day time Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
TALLAHASSEE, FLORIDA
MAR 9 2005

05 MAR -9 AM 8:05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORTGAGE SOLUTIONS, 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:

4915 CONGRESS AVENUE
SUITE D
LAKE WORTH, FL 33461

4915 CONGRESS AVENUE
SUITE D
LAKE WORTH, FL 33461

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

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

CHARLYN DAVIS
Name
4915 CONGRESS AVE STE D
Florida street address (P.O. Box NOT acceptable)
LAKE WORTH FL 33461
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, F.S.

[Signature]
Registered Agent's Signature

STATE
TREASURER, FLORIDA
9 AM 8:05

(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

CHARLYN DAVIS
1348 N. MAROONIA DRIVE
WEST PALM BEACH, FL 33401

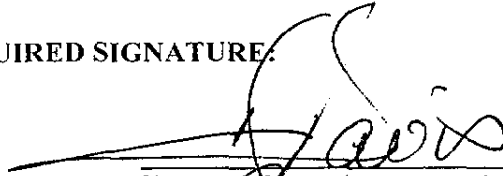
MGRM

ANDREW LUCHEY
4915 CONGRESS AVE STE D
LAKE WORTH, FL 33461

(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.)

CHARLYN DAVIS
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

05 MAR -9 AM 8:05

FILED