Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

Island Financial Mortgage Services, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Island Financial Mortgage Services, LLC

ARTICLE II - Address

The mailing address and street address of the prin	ncipal office of	f the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
324 Capri Boulevard		324 Capri Boulevard	
Naples, FL 34113	- -	Naples, FL 34113	
	_	· ·	
ARTICLE III - Registered Agent, Registered and Florida street address of the registered Ben		:	gnature
324	Capri Bouk	evard	
	(P.O. Box of)	Mail Drop Box NOT Acceptable)	
Na	ples. FL 3411 (C	13 City / State / Zip)	-
Having been named as registered agent and to at the place designated in this certificate, I have capacity. I further agree to comply with the pr of my duties, and I am familiar with and accept Chapter 608, F.S.	reby accept the ovisions of al	ne appointment as registered age Il statutes relating to the proper	ent and agree to act in this and complete performance

Registered Agent's Signature - Benjamin F. Pearson

The name and address of each Mana Title:	Managing Member is as follows: Name and Address:
"MGR" = Manager "MGRM" = Managing Member	2 1 1 2 4 2 4 2 4 2 4 2 4 4 4 4 4 4 4 4
MGRM	Island Financial Group, LLC-324 Capri Boulevard, Naples, FL 34113
. ,	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Signature	of a member or authorized appresentative of a member.
(In accordant document con	ce with section 608.408(7), Florida Statutes, the execution of this astitutes an affirmation under the penalties of perjury that the facts

Benjamin F. Pearson

<u>Authorized Representative, Island Financial Group, LL</u>C

stated herein aré true.)

Typed or printed name of signee

TALLAHASSEE FLORIDA