

L05000057172

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000143859 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

LIMITED LIABILITY COMPANY

Miramar Mortgage, LLC

Certificate of Status	1
Certified Copy	1
Page Count	012
Estimated Charge	\$160.00

2005 JUN -9 A 9 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

05 JUN -9 PM 3:01

DIVISION OF CORPORATIONS

Document	Facsimile
Electronic Filing Menu	Corporate Filing
Public Access Help	
W. P. Vermyer	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Miramar Mortgage, LLC**

ARTICLE II - Address:

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

1065 SE MacArthur Boulevard
Stuart, Florida 34996

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

P. O. Box 1680
Stuart, Florida 34996

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

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

Jeffrey D. West
1065 SE MacArthur Boulevard
Stuart, Florida 34996

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.


Jeffrey D. West

ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title</u>	<u>Name and Address</u>
Managing Member	Jeffrey D. West P.O. Box 1680 Stuart, Florida 34996

REQUIRED SIGNATURE:


Jeffrey D. West, Managing 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.)

2005 JUN -9 A 4 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED