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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: CARLO VELARDE		ODUCTS, LLC d Liability Company)			-	٠,
	(
The enclosed Articles of Organizati	ion and fee(s) are st	ubmitted for filing.				
Please return all correspondence co	ncerning this matte	r to the following:				
CARLO VELARDE	<u>.</u>					
	1)	Name of Person)	, , , , , , , , , , , , , , , , , , ,			
CARLO VELARDE MORTGAG	GE PRODUCTS. I	LLC				
		Firm/Company)				
919 5TH AVE PKWY	- S		· •			
		(Address)	<u> </u>	¥SE S	3	
			ř.	LACE	َ جِيَ	
NADI EO EL O	4400		•	H	アン	PARTIES.
NAPLES, FL. 3		State and Zip Code)		RY	두	1
	(City)	State and Zip Code)		in.	P.	1
For further information concerning	this matter please	call	ī	11.0 71.5	Ŧ.	
to farater information concerning	, uns matter, prease	can.	Į.	哥哥	8	
CARLO VELARDE		at (239) 649-4663		~		
(Name of Person)		(Area Code & Daytime Te	lephone Number)		F	
Enclosed is a check for the follo	wing amount:					
	0.00 Filing Fee & ate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fi Certificate of Certified Cop (additional copy	Status &		
CTDEET AND	ere.	MARITING A	DDDECC.			

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:

CARLO VELARDE MORTGAGE PRODUCTS, L	LLC	1 Sec. 2 (1 Sec. 19)
ARTICLE II - Address:	e principal office of the Limited Liability Compa	anvie
•		any is.
Principal Office Address:	Mailing Address:	
919 5TH AVE PKWY - S	919 5TH AVE PKWY - S	
NAPLES, FL. 34102	NAPLES, FL. 34102	-
	the second secon	
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	the registered agent are:	05 JUN 24
CARLO VELARDE	 	2
Na	ame Off	
919 5TH AVE PKWY - S		3 11
Florida street	et address (P.O. Box NOT acceptable)	EO
NAPLES	EL SHIOR . BE	8
City, Sta	ate, 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..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	CARLO VELARDE 919 5 TH AVE PKWY - S	- .	٠.
	NAPLES, FL. 34102	- -	
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		-	
		- -	-
		- :	·
(Use attachment if necessary)	TALLA	SECRETAR	? = 1]
NOTE: An additional article must be	e added if an effective date is requested.	TAR)	3
REQUIRED SIGNATURE:		105	
Signature of a member of	or an authorized representative of a member.	TATE	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

CARLO VELARDE

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	S:
CARLO VELARDE MORTGAGE PRODUCTS, LL	<u>.c</u>
ARTICLE II - Address:	uninginal office of the Limited Lightlity Company is:
The maining address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
919 5TH AVE PKWY - S	919 5TH AVE PKWY - S
NAPLES, FL. 34102	NAPLES, FL. 34102
A-	
ADDITION DATE DESCRIPTION DESCRIPTION	A OCC - 9 Desistened A sent's Cionetrum
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	e registered agent are:
CARLO VELARDE	UN 24 LAHASS
Nan Nan	ne ASP N
1 (4)	Sa +
919 5TH AVE PKWY - S	FR P T
Florida street	address (P.O. Box NOT acceptable)
NAPLES	R 3410分、器 a
City, State	e, and Zip
	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as
	city. I further agree to comply with the provisions of all

Registered Agent's Signature

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..

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	CARLO VELARDE 919 5TH AVE PKWY - S NAPLES, FL. 34102		*
		- 25	
		*# **	; ÷
<u> </u>		• # ** * 1	N\$.
(Use attachment if necessary)	TALL	05 JUN 24	
NOTE: An additional article must be	e added if an effective date is requested	S	
REQUIRED SIGNATURE:	ASSEE,	24 PM	
	EZ Mudde	ŧ:	Ē
Signature of a member of	or an authorized representative of a member.	ထ	
(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury		

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)

CARLO VELARDE

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)