

L05000076152

(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:

Name
Availability

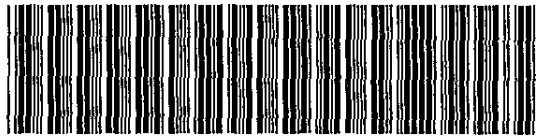
Document
Number

Updater _____ Office Use Only

Updater
Verify _____ DCC

Acknowledgment _____ DCC

W. P. Verifier _____



000057960160

08/01/05--01024--008 **130.00

FILED

2005 AUG -1 P 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MILLER & ASSOCIATES

Attorneys at Law

H. J. Miller, Esq.
Geoff Nichols, Esq., Of Counsel

3302 Azeele Street
Suite 200
Tampa, Florida 33609
Tel #: 813-879-1155
Fax #: 813-879-3225
E-Mail MakoMiller1@cs.com

July 29th, 2005

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


SUBJECT: *Principal Mortgage & Financing, LLC*

Enclosed is an original and one copy of the ARTICLES OF ORGANIZATION and a check for \$ 130.00 for filing and a Certificate of Status to be returned to:

H. J. MILLER, ESQ. for Stacy Ferrara
3302 Azeele Street, Suite 200
Tampa, FL 33609
Tel (813) 879-1155
Fax(813) 879-3225

Please feel free to contact this office with any questions or concerns.
Thank you.

Sincerely,


H. J. Miller, Esq.

Enclosures
CC: File

FILED
2005 AUG - 1 P 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:
Principal Mortgage & Financing, L.L.C

ARTICLE II - Address:

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

6343 Land O Lakes Blvd.
Land O Lakes, Florida 334638

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

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

Stacey Ann Ferrara
Name

4738 Salem Drive
Florida street address (P.O. Box NOT acceptable)

New Port Richey, Florida 34652
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..

Registered Agent's Signature

Stacey Ann Ferrara
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.)

Stacey Ann Ferrara
Typed or printed name of signee

FILED
2005 AUG - 1 P 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – Managing Member:

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

MGRM Stacey Ferrara
 4738 Salem Drive
 New Port Richey, FL 34652

REQUIRED SIGNATURE: Stacey Ann Ferrara
 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.)

Stacey Ann Ferrara
 Typed or printed name of signee

FILED
2005 AUG - 1 P 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA