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## TRANSMITTAL LETTER

A THE STATE OF THE
TO: Registration Section Division of Corporations
SUBJECT: All OK Mortgages LLC
(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:
Roberto Rodriguez (Name of Person)
(Name of Person)
All OK Mortgages. LLC (Finn/Company)
(Firm/Company)
2610 NE 41 circle
2620 NE 41 circle (Address)
Homestead FL 33033
(Cityrodic and Ap Code)
For further information concerning this matter, please call:
Roberto Rodriguez at 786, 234 1301 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee & ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status &
(additional copy is enclosed) 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
All OK Mortgages LL	<u>C</u> '
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:
Principal Office Address:	lailing Address:
12550 Bizcayne Boulevard Suit 500 North Miami FL. 33181	2620 NE 41 circle Homestead FL 33033
ARTICLE III - Registered Agent, Registered Of	lice, & Registered Agent's Signature:
The name and the Florida street address of the regis	
2620 NE 416	
	(P.O. Rox NOT acceptable)
City, State, and 2	ip
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered. Registered Agent's Sign	vertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and ad agent as provided for in Chapter 608, F.S
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## 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 "MGR" Lobe to Rodrigues 2620 NE 41 circle Homes tead FL 33033 (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.)

Tomad or ministed manufactures?

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)