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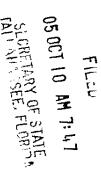
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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co							
SUBJE	CT: Yell M	ortgagė, LLC (Name of Limited	d Liability Comp	any)				
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filin	g.				
Please	return all corresp	ondence concerning this matte	r to the following	g:				
	Ellen Go	nzalez					-	
		Q	Name of Person)					
	Yell Mortg	gage, LLC			₹ * *			
			Firm/Company)					
	5860 Lal	ke Champlain Dr	ive					
			(Address)					
	Orlando,	FL 32829		-				
		(City	/State and Zip Cod	le)				
For fur	ther information	concerning this matter, please	call:					
						TALI 118T	05	
Elle	n Gonzale:	Z e of Person)	at (407) 929-92	96 'elephone Number)	- 1	CT	-
	(14911)	e of reison)	(Alta Co	ac & Dayume 1	ciepitotie (vantoci)	ARY	10	1
Enclos	sed is a check fo	or the following amount:				T OF	呈	
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	py	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	hus & 📆 📆	05 OCT 10 AM 7: 47	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 1 2661 Ex	Courier Addression Section of Corporation Building Recutive Centers See, FL 32301	ons r Circle			

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

Name

City, State, and Zip

5860 Lake Champlain Drive

Orlando

(CONTINUED)
Page 1 of 2

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 Memb	Name and Address:	
Manager	Ellen Gonzalez 5860 Lake Champlain Drive	
·	Orlando, FL 32829	- -

		<u>-</u>
	-	<u> </u>
(Use attachment if necessary)		_
CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.)	than the date of filing: (OPT: must be specific and cannot be more than five busines	IONAL) s days prior
REQUIRED SIGNATURE:	7	05 Of TAL 13
Signature of s	member or an authorized representative of a member.	SCURPTARY TALLAHASSER
(In accordance of this docume	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)	OF STALE

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)

Ellen Gonzalez

Typed or printed name of signee