

LO5000 108754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

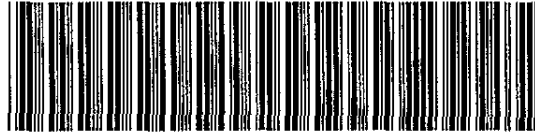
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400060970484

11/07/05 01:28:00 **160.00

FILED

05 NOV -7 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN Mortgage Processing, 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:

JAMES Schierring
(Name of Person)

AMERICAN Mortgage Processing, LLC
(Firm/Company)

24850 OLD 41 ROAD suite 23
(Address)

Bonita Springs, FLORIDA 34135
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 7 PM 1:05

FILED

For further information concerning this matter, please call:

JAMES Schierring at (239) 949-9520
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN MORTGAGE PROCESSING, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

24850 OLD 41 Rd.
Suite 23
Bonita Springs, FLA 34135

Mailing Address:

24850 OLD 41 ROAD
Suite 23
Bonita Springs, FLA 34135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

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

JANIS SCHURING
Name

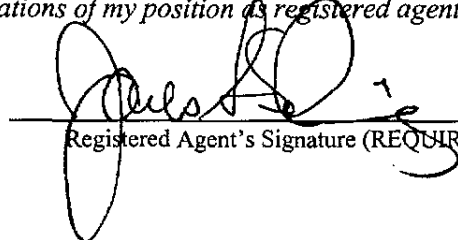
24850 OLD 41 ROAD SUITE 23
Florida street address (P.O. Box **NOT** acceptable)
Bonita Springs FL 34135
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 7 PM 1:05

FILED

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 (REQUIRED)

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

Name and Address:

MGRM

JAMES SCHIERING
292 CAMBTON LN.
NAPLES, FL 34104

MGR.

JASON SCHIERING
21017 RAINBOW LAKE CT.
ESTERO, FL 33928

MGR

COLLIN ATCHISON
5326 10TH AVENUE SW
NAPLES FL 34116

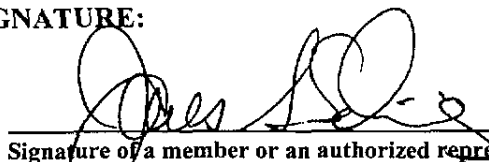
MGR

VINCENT NAPOLEON
160 CARRIA RD.
NAPLES, FL 34108

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

JAMES SCHIERING
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)
- \$ 5.00 Certificate of Status (Optional)

FILED
NOV - 7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA