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2005 DEC 19 PM 3: 22
DIV JON OF CORPORATIONS

J. BRIKANI DEC 22 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT:	LIENT FIRST (Name of Limite	MORTGAGE G d Liability Company)	FROUP, LLC
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Caeleb A. Lor		
	(1	Name of Person)	•
CLIE	ENT FIRST M.	ORTG-AGE GROV Firm/Company)	OP, LLC
	10010 SKIA	INER LAKE DRU (Address)	7E # 7H ES F.
	Jacksonville, (City	Florida 32246 State and Zip Code)	EC 19 PM 3: 22 NOT GURPPORATION AHASSEE, FLORI
For further information of	concerning this matter, please	call:	IDA 2
Caeleb A.		at (904) 755	-4359
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	x \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Cataloria Cataloria	er annece.	NA ARE TROOP AS	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

The name of the Limited Liability Company is: CLIENT FIRST MORTGAGE GROUP, LLC					
ARTICLE II - Add			,	mpany is:	
Principal Office A	ddress:	Mailing Address:			
GOIO SKIN Jacksonville,	NER LAKEORIVE #22 Florida 32246	3 SAME		- - -	
	gistered Agent, Registered lorida street address of the re	gistered agent are:	ed Agent's Signatur	FILED FILED	
•	Name		一 F, FLC	ED PM 3: 22	
	10010 SKINNI Florida street addr	ER LAKE DR ess (P.O. Box <u>NOT</u> acc		22	
	Jacksonville, City, State, an		<u></u>	·:. <u>-</u>	
liability compan registered agent a all statutes relativ	d as registered agent and to a y at the place designated in th nd agree to act in this capacit ng to the proper and complete	is certificate, I here y. I further agree to performance of my	by accept the appoint comply with the pro duties, and I am fami	tment as visions of iliar with	

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Caeleb A. Lopez 10010 SKINNER LAKE DRIVE #224 Jacksonville, Florida 32246
	be added if an effective date is requested.
(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.
	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated in the constant of the facts stated in	ction 608.408(3), Florida Statutes, the execution tintes an affirmation under the penalties of perjury herein are true.)
	eb A. Lopez
Ty	yped 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)