

L060000003668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

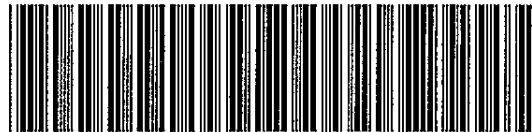
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500062743315

01/09/06--01054--020 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2006 JAN -9 PM 4:39

EFFECTIVE DATE

01-05-2006

OB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinecrest Mortgage 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:

Charlene Powell
(Name of Person)

Pinecrest Mortgage LLC
(Firm/Company)

114 Del Prado Blvd. South
(Address)

Cape Coral, FL 33990
(City/State and Zip Code)

For further information concerning this matter, please call:

Charlene Powell at (239) 772-2405
(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

2005 JAN -9 PM 4:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **Pinecrest Mortgage LLC**

ARTICLE II – Address:

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

**114 Del Prado Blvd. South
Cape Coral, FL 33990**

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

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

**Charlene Powell
114 Del Prado Blvd. South
Cape Coral, FL 33990**

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

ARTICLE IV – Limited Liability Purpose:

This limited liability company is organized for the purpose of providing services as a correspondent mortgage lender and any other lawful business.

ARTICLE V – Managing Members:

The name and the Florida street address of the managing members are:

**Charlene Powell
528 SE 17 Avenue
Cape Coral, FL 33990**

**Teresita Cantens
8365 SW 58 Street
Miami, FL 33143**


2005 JAN -9 PM 4:39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

EFFECTIVE DATE
01-05-2006

ARTICLE VI – Effective Date:

The effective date of the Limited Liability Company is: January 5, 2005


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 and affirmation under the penalties of perjury that the facts stated herein are true.)


Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JAN -9 PM 4:39