## W6000037794

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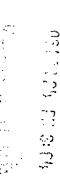
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M. HODERS



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## **COVER LETTER**

TO: Registration Se Division of Co	rporations	w P		
SUBJECT: 74	MORTG AGE of Limited	FINANCIAL LA	4 C	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	RODERICK	LEONARD		
PL L	Molicalas GAMA	LEONARD  Name of Person)  NANCIAL LLC  Firm/Company)		
2110 RIVEL REACH DRINE #26				
		(Address)		
NAPLES FL 34/14/ (City/State and Zip Code)				
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
	1	·····	<i>αι. α.</i>	
KODERICK	LEONARD of Person)	at(850) 377	8495	
(Name	e of Person)	(Area Code & Daytime Te	nephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Ano kuo		
KZL MURTHAYES FINAN	ICIAL LLC	
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,	)
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability (	'omnany is:
The manife address and shoet address of the	o principal office of the Billinea Blackity C	zompany is:
Principal Office Address:	Mailing Address:	
2110 RIVER REACH DR		
2110 XIVER KOTTON		<del></del>
NAMES, FL 34104		_
Junices it as that		_
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	
RODERICK A	CANNO D	, 
Na Na	ame	
2110 Rova Re	ame  Ach De Un+26  t address (P.O. Box NOT acceptable)	
Florida street	t address (P.O. Box NOT acceptable)	
NAMES EL	FL 34104 ate, and Zip	
/City, Sta	ate, and Zip	<u>ن</u> _
•		3
	to accept service of process for the above st	
registered agent and agree to act in this capa	in this certificate, I hereby accept the appoir	
	e performance of my duties, and I am familia	
	registered agent as provided for in Chapter 6	
	(1)(1)(1)(1)	
Teston		
Registered Agent's Si	Consture (REQUIRED)	
Treplace and Inferior	D	

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member RODERICK LEOWAND 210 RIVER REACH DR UNIT 26 NAPLES, FL 34104 MANAGER (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 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.) 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)

160