

## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000128947 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

pride mtg. loans, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name: The name of the Limited Liabilit	ly Company is:	
	Pride Mtg. Louns, LLC	
ARTICLE II-Address: The mailing address and street ac Company is:	ddress of the principal office of th	he Limited Liability
Principal Office Address:	Mailing Address:	
3663 S.W. 8 Street, Ste. 214	PO BOX 1350	
Miami, Plorida 33135	Miazoi, Florida 33144	2006 HAY SECRET
ARTICLE III- Registered Agent, The name and the Florida street a	, Registered Office,& Registered address of the registered agent are	Agent's Signature
	Frank Carrillo	<b>三</b> 二
	NAME	9 0
369	53 S.W. 8 Street, Ste. 214	
Florida stree	et address (P.O. Box Not acceptal	bie)
	Mierri Plorida 22125	

Miami, Florida 33135
City, State, and Zip

islaving 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 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, Florida Statytes.

Registered Agent's Signature

MAY-09-2006 12:32 EMPIRE

20/20.9

ES.9 JATOT

HUDDUD17844/

Page 1 of 2 (CONTINUED)

ARTICLE IV-Manager(s) o	r Managing Member(s):	
<u>Title:</u>	Name and address:	
"MGR"= Manager "MGRM"=Managing Memi	ber	
REQUIRED SIGNATURE:  Signature of a memb	Frank Carrillo 3663 S.W. 8 Street. Ste. 214 Miami, Florida 33135  must be added if an effective date is requested.  For or an authorized representative of a member 406(3), Florida Statutes, the execution of this document consider penalties of perjury that the facts stated herein are true).	TED
Filing Poog:	yped or printed name of signee	

40000128947

\$ 25.00 Designation of Register Agont \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)