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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
(50	outhern Humbery	
Certified Copies	_ Certificates	s of Status
		,
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE



TRANSMITTAL LETTER

TO:

Registration Section

Limited Liability Company)	
are submitted for filing.	
natter to the following:	
)	
ease call:	
at (850) 494-0777	
(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, Florida 32314	

OS AUG 18 PM 2: 26
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
First City Mortgage LLC	is.
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5930 Keystone Rd	5930 Keystone Rd
Pensacola, FL 32504	Pensacola, FL 32504
ARTICLE III - Registered Agent, Reg The name and the Florida street address Charlotte Brown	gistered Office, & Registered Agent's Signature: of the registered agent are:
Chanotte Brown	Name
5930 Keystone R	d
Florida street add	lress (P.O. Box NOT acceptable)
Pensacola	_{FL} 32504
City	y, State, and Zip
	and to accept service of process for the above stated limited I in this certificate. I hereby accept the appointment as

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

GRM" = Managing Me	mber
MGRM	Charlotte Brown
	5930 Keystone Rd
	Pensacola, FL 32504
•	
	<u> </u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Charlotte Brown

Typed or printed name of signee

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)