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то:	Registration Section Division of Corporations	
SUBJI	CT: Partners Mortgage of Florida, LLC (Name of Limited Liability Company)	
The en	losed Articles of Organization and fee(s) are submitted for filing.	
	eturn all correspondence concerning this matter to the following:	
1 10400		
	_ewis Roberts (Name of Person)	
	₋ewis Roberts, P.C.	
	(Firm/Company)	
	4869 Palm Coast Pkwy NW, Suite 1	
	(Address)	
	Palm Coast, FL 32137	
	(City/State and Zip Code)	
For fur	her information concerning this matter, please call:	
Lewi	Roberts at (386) 446-7870	-
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	ed is a check for the following amount:	
□ \$125	00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	<u>.</u>
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Ocala,

The name of the Limited Liability Company is:	
Partners Mortgage of Florida, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3304 SE Lake Weir Avenue	3304 SE Lake Weir Avenue
Suite 3	Suite 3
Ocala, FL 34471	Ocala, FL 34471
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Michael Tortora	
Name	
3304 SE Lake Weir Avenue	Iress (P.O. Box NOT acceptable)
Florida street add	lress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGR	Michael Tortora			
	3304 SE Lake Weir Avenue, Suite 3			
	Ocala, FL 34471			
				•
		<u></u>		
				_
				
				-
			-	
(Use attachment if necessary)				
ADDICE E.M. Effective data if other than the	lata of Filings	OPTION	JAIN	
ARTICLE V: Effective date, if other than the case of the first than the first than the case of the first than the case of the first than the first tha	•			
to or 90 days after the date of filing.)	specific and cannot be more than five bu	3111033 0	mys F	101
of 70 days after the date of filling.				
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REQUIRED SIGNATURE:	/ ·	Z K	30	
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Much	1110	SS.₹	2	
Signature of a member	or an authorized representative of a member.	ĬĬ.	-0	ED.
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution		PM 12: 53	
of this document constit	utes an affirmation under the penalties of perjury	25	Ü	
that the facts stated he	rein are true.)	ã£ €	53	
Michael Tortora		13m		
Typ	ed 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)