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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

D. Guerra
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : 119980000010
Phone : (954) 463-2700
Fax Number : (954) 463-2224

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO

KONRAD MORTGAGE INCOME FUND, LLC

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**ARTICLES OF ORGANIZATION
OF
KONRAD MORTGAGE INCOME FUND, LLC**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: KONRAD MORTGAGE INCOME FUND, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company are:

6600 North Andrews Avenue
Suite 130
Fort Lauderdale, Florida 33309

**ARTICLE III
DURATION**

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Company's initial registered agent are:

American Information Services, Inc.
350 E. Las Olas Boulevard
Suite 1600
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 20 day of March, 2007.

By: 

Robert Konrad, Authorized Representative

07 MAR 22 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **KONRAD MORTGAGE INCOME FUND, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 2nd day of March, 2007.

American Information Services, Inc.

By: 

Diana M. Guerra, Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 MAR 22 AM 9:30

FILED