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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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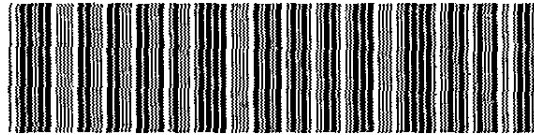
(Business Entity Name)

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LAW OFFICE
THOMAS K. BOARDMAN, P.A.
ATTORNEY AT LAW
1400 FIFTEENTH STREET NORTH, SUITE 201
IMMOKALEE, FLORIDA 34142
Phone (239) 657-4418
Fax (239) 657-4278

April 18, 2007

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Request for Certification of Loss Mitigation Team, LLC.

To Whom It May Concern:

Enclosed are the Articles of Organization and Certificate of Designation of Registered Agent for Loss Mitigation Team, LLC., along with our office check in the amount of \$155.00 for the filing fee.

Please file this Florida limited liability company with your office and return the requested certificate to the above address as soon as possible. Thank you, very much.

Sincerely,



Anita Ramirez
Secretary to Thomas K. Boardman

/ar
Enclosure

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

OF

LOSS MITIGATION TEAM, LLC.

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be LOSS MITIGATION TEAM, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be Post Office Box 989, Immokalee, Florida 34143, and 301 North 15th Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall begin existence on April 12, 2007, and exist until April 12, 2037, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its manager. The name and address of the manager is as follows:

Porter-Davis Investments, LLC.
301 North 15th Street
Immokalee, Florida 34142

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(239) 657-4418
Florida Bar No. 103581

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ARTICLE V

MEMBERS

The name(s) and addresses of the initial member(s) of this company is/are as follows:

Brian J. Blocker
301 North 15th Street
Immokalee, Florida 34142

ARTICLE VI

RESTRICTIONS ON MEMBERSHIP


Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VII

MEMBERS' RIGHTS TO CONTINUE BUSINESS

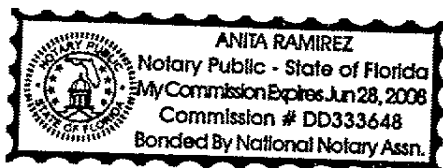
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.


Executed by the undersigned at Immokalee, Florida on April 16th, 2007.


BRIAN J. BLOCKER

STATE OF FLORIDA }
COUNTY OF COLLIER }

The foregoing instrument was sworn to and acknowledged before me this 16th day of April, 2007, by BRIAN J. BLOCKER, who is ☒ personally known to me or ☐ who produced a Florida Driver's License No. _____ as identification.




NOTARY PUBLIC
Name: Anita Ramirez

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LOSS MITIGATION TEAM, LLC.
2. The name and address of the registered agent and office is:

BRIAN J. BLOCKER

(Name)

301 North 15th Street
(P.O. Box not acceptable)

Immokalee, Florida 34142
(City/State/Zip code)

Having been named as registered agent and to accept service of process for the above state corporation 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.



(Signature)

4/16/07

(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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