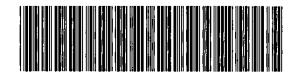
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(R	equestor's Name)	
(A	ddress)	
	-	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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M-8454

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Get To Know MY Mortgage, LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Daniel B Primeau (Name of Person)		
Get to know MY Mortgage, LLC		
7148 9th Street South		
St. Petersburg, 21 33614. (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (727) 475-0599 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigset{\bigsets}\$		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		
SECRETARY OF SU TALLAHASSEE. FLO		

AH 10: 58

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Get To know MY Mortgage, LLC (Must end with the words "Limited Liability Company, "L.L.C." or "Luc.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
Daniel B Primeau	THE 9th Stroet South /St. Petersburg FL 35705		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
The name and the Florida street address of the registered agent are: Daiel B Primeau Name Name			
	ress (P.O. Box NOT acceptable)		
St. Pe kissua. City, State, a	A FL 33705 09 55 Md Zip 09 68		
Having been named as registered agent and to accept service of process for the above stated limited			

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing The name and address of each Manager of		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Daniel B Prineau 7148 9th Street South	
MGRM	William Medina 2003 Golden Dale C+ Brandon, 71 33511-2300	
MGRM	Brian Vasquez 4747 Barchetta Do Land a lakes, 11 34639	
MGRM	RUTH A. PRINCAU 3702 BERGER RU LUTZ FL 33544	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	7. 200 200	
	13 P	
Signature of a member of	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.)		
- Daniel Typed	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)

Page 2 of 2