

LOT 000 104400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

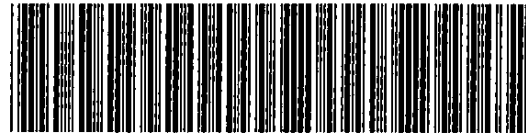
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*msf*

Office Use Only



500109687385

09/24/07--01028--016 \*\*60.00

10/15/07--01006--010 \*\*100.00

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07 OCT 12 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 October 2007

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Marsha Thomas

**Subject: Formation of a new LLC and credit of \$60.00 (NFCU check # 2046) from  
previously rejected LLC name change request**

Marsha Thomas,

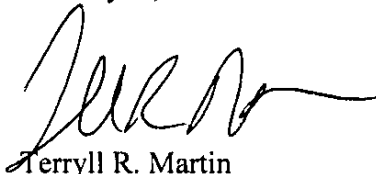
We talked via telephone on 01 October 2007 regarding the following:

1. Leave unchanged the current LLC "Martin & Martin Mortgage and Real Estate Services LLC" Document # L05000116584
2. Create a new LLC "TR Martin Mortgage and Real Estate Services LLC"
3. Credit \$60.00 (NFCU check # 2046 written to FL Dep't of State) from rejected LLC name change request to creation of new LLC (\$100 check enclosed)

Attached is the paperwork for creation of the new LLC "TR Martin Mortgage and Real Estate Services LLC." A check for \$100 is also attached. Please credit the previously provided \$60 check to the creation of this new LLC (\$160 total).

I greatly appreciate your assistance in this matter.

Thank you,



Terryll R. Martin  
P.O. Box 692167  
Orlando, FL 32869-2167  
(407) 356-2475

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TR Martin Mortgage and Real Estate Services 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:

**Terryll R Martin**

(Name of Person)

(Firm/Company)

**PO Box 692167**

(Address)

**Orlando, FL 32869-2167**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Terryll R Martin**

(Name of Person)

at ( **407** ) **256-0534**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TR Martin Mortgage and Real Estate Services LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

8208 Livorno Drive

Orlando, FL 32836

#### Mailing Address:

PO Box 692167

Orlando, FL 32869-2167

### 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:

Terryll R Martin

Name

8208 Livorno Drive

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

32836

City, State, and Zip

*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)

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Page 1 of 2

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Terryll R Martin

PO Box 692167

Orlando, FL 32869-2167

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TALLAHASSEE, FLORIDA

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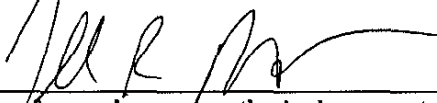
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(Use attachment if necessary)

**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:**



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.)

Terryll R Martin

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)**