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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BRIAN K. KORTE, PL  
Account Number : I20080000008  
Phone : (561)327-7770  
Fax Number : (888)456-2138

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

National Mortgage Auditing Group, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$130.00 |

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EXAMINER 7/10/2008

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: National Mortgage Auditing Group, 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:

Cathy Gellatly

(Name of Person)

National Mortgage Auditing Group, LLC

(Firm/Company)

5193 SW 87 Avenue

(Address)

Cooper City, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Gellatly

(Name of Person)

at ( 561 ) 922-5252

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FL 0918A

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Mortgage Auditing Group, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2101 Vista Parkway  
West Palm Beach, FL 33411

2101 Vista Parkway  
West Palm Beach, FL 33411

**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.)

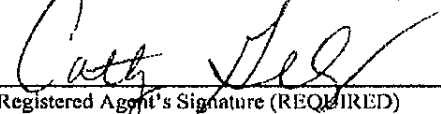
The name and the Florida street address of the registered agent are:

Cathy Gellatly  
Name

5193 SW 87 Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Cooper City, FL 33328  
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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**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

Nancy Mansour  
8678 Tally Ho Lane  
Royal Palm Beach, FL 33411

MGRM

Cathy Gellaly  
5193 SW 87 Avenue  
Cooper City, FL 33328

mgr

Brian K. Korte  
2101 Vista Parkway, Suite 104  
West Palm Beach, FL 33411

mgr

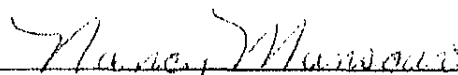
Alan Piscatelli  
3118 Pierson Drive  
Delray Beach, FL 33483

(Use attachment if necessary)

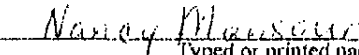
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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**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.)

  
Typed or printed name of signer

**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)

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