

LD9 00004409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

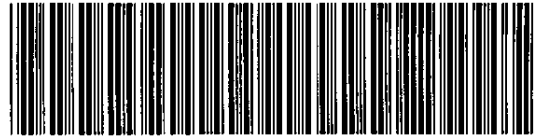
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY - 7 2009

EXAMINER



000155516900

05/06/09--01038--016 **160.00

SECRETARY
DIVISION
09 MAY - 6 PM 4:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELIABLE MORTGAGE SOLUTIONS, 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:

BRUCE L. MANDELL
Name of Person

RELIABLE MORTGAGE SOLUTIONS, LLC.
Firm/Company

3370 HIDDEN BAY DR. SUITE 1403
Address

AVENTURA, FL. 33180
City/State and Zip Code

GOGGIEMAN @ ATLANTIC BB.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE MANDELL at (224) 612-1000
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RELIABLE MORTGAGE SOLUTIONS, 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:

3370 HIDDEN BAY DR.
SUITE 1403
AVENTURA, FL. 33180

Mailing Address:

3370 HIDDEN BAY DR.
SUITE 1403
AVENTURA, FL. 33180

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:

EARLE ZIMMERMAN

Name

19195 MYSTIC PKE DR # 206

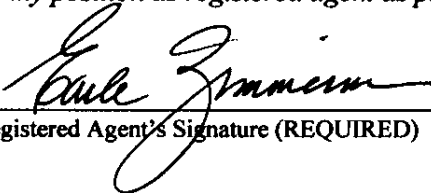
Florida street address (P.O. Box NOT acceptable)

AVENTURA

FL 33180

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)

(CONTINUED)

SECRET
DIVISION

09 MAY - 6 PM 4: 00

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

BRUCE L. MANDELL
3370 HIDDEN BAY DR SUITE 1403
AVENTURA, FL. 33180

MGRM

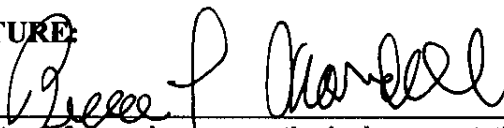
EARLE ZIMMERMAN
19195 MYSTIC POINTE DR #206
AVENTURA, FLA 33180

(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.)

BRUCE L. MANDELL

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)