

LOGOVV120719

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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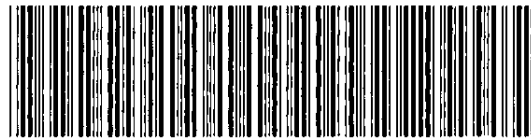
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
DEC 21 2009
EXAMINER

FILED
09 DEC 18 AM 10:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SPECIALTY MORTGAGE, LLC

FILED
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- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Brandon 12/18 PM
Name Date Time

Walk-In _____ Will Pick Up _____

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

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ARTICLE I-Name:

The name of the Limited Liability Company is:

SPECIALTY MORTGAGE, LLC

ARTICLE II- Address:

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

Principal Office Address:

**14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015**

Mailing Address:

**14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015**

ARTICLE III-

Registered Agent, Registered Office, & Registered Agent's Signature:

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

ABEL A. LOPEZ

**14025 Riveredge Drive, Suite 320
Tampa, Florida 33837-2015**

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

ARTICLE IV- Managing Members:

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

Title:

"MGRM"= Managing Member

Name and Address:

"MGRM" ABEL A. LOPEZ

**14025 Riveredge Drive Suite 320
Tampa, Florida 33837-2015**

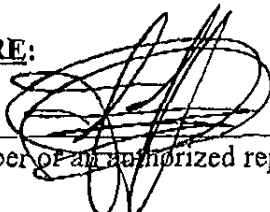
"

ARTICLE V: Effective date:

SOLAR MANAGEMENT, LLC shall commence its existence upon the date these Articles of

Organization are filed by the Florida Department of State.

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to be 'Abel A. Lopez', written over a horizontal line.

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.)

ABEL A. LOPEZ
Typed Name of Signee