L13000082707

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	٠	

Office Use Only



900248601339

06/06/13--01015--003 **125.00

FILED
2013 JUN -6 AMII: 22
SEGRE PARY SEGRE

JUN - 7 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO: Registration Division of C	o Section Corporations		
SUBJECT:	Mortgage Cor	moliance Adviso ed Liability Company	rs & Solutions
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
A	aron Agueron	Name of Person	72 72 75 FEB. 13
1869	3 Sanderlin	Firm/Company	
<i>a</i> 1			22
راق	rmont El	3471) //State and Zip Code	
MCA:	•	nortaage @ a m or future annual report notification)	Ail.Com
For further information	on concerning this matter, please	call:	
Aaron	Agueron	at (<u>407</u>) <u>963-13</u> Area Code & Daytime Teleph	335 hone Number
Enclosed is a check	for the following amount:		
4 \$125.00 Filing Fee	e □\$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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address	<u>s:</u>
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the	e Limited Liability Company is:
Mortgage Complian (Must end with the words "I	DE Advisors (& Solutions LLC
The name of the Limited Liability Co	mpany is:	

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:

ARTICLE I - Name:

Name

1868 Sandor ling or Cler

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

Clermont FL 34711

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Aaron Agueron 1808 Sanderling or Clermont El 34711
MGRM	Jeanette Orfiz 1868 Sanderling dv Clermont Fl 3471)
	SE S
	32 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Use attachment if necessary)	
	e date of filing: (OPFIONAL

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Agueron
Typed of 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)