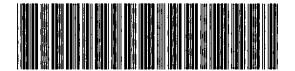
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(Requestor's Name	e)		
(Address)			
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(City/State/Zip/Pho	one #)		
PICK-UP WAIT	MAIL		
(Business Entity N	ame)		
(Document Number)			
Certified Copies Certificat	tes of Status		
Special Instructions to Filing Officer:			

Office Use Only



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13 JUN 21 AN 10: 41

13-301FG

JUN 2 4 2013 T. HAMPTON (850) 245-6051.

COVER LETTER

Division of C			
SUBJECT:		FIRST MORTO	GAGE LLC.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	ITA Steven	Miller Name of Person	
Ban	Ker's First	Mortgage L Firm/Company	LC.
3280	Delnay BA	y Drive Apt.	701
<u>)e</u>	ray Beach Cit imil E-mail address: (to be used	Florida 3: N/State and Zip Code Lex (a) banker: for future annual report notification)	3483-3252 5 1 ^{5I} . com
	n concerning this matter, please		
Ira Ster	en Miller e of Person	at (bhone 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)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

13 JUN 21 AM 6: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 24, 2013

IRA STEVEN MILLER 3280 DELRAY BAY DR APT 107 DELRAY BECH, FL 33483-3252

SUBJECT: BANKER'S FIRST MORTGAGE LLC

Ref. Number: W13000030499

We have received your document for BANKER'S FIRST MORTGAGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00013141

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Consumer's Choice (Must end with the words "Limited Liability	Mortgage, LLC. ty Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3280 Delney Bay Drive Apt 101 Delney Beach, Florida 33483-3252	3280 Delney Bay Drive Apt. 107 Delney Beach, Flhid- 33483-3252
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
ALAna Milla	<u>er</u>
3280 Delnay B Florida street add	ress (P.O. Box NOT acceptable)
Delney Beach City, Sta	FL 33483-325Z. te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signate	ure (REQUIRED)
(CONTIN	UED)
Page 1 of 2	AM 10:

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	Ira Steven Miller 3280 Delney Bay Drive Apt. 107 Delney Beach, Florida 33483-3252
MGRM	Alana Miller 3280 Delay Bay Daive Apt. 107 Delay Beach, Florida 33483-3252
	ate of filing: (OPTIONAL) be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
constitutes an affirmation under th I am aware that any false informati constitutes a third degree felony as	· · · · · · · · · · · · · · · · · · ·
Tra 5t Typed	d or printed name of signee WSECRE TARK 2 OF COMMENTARY
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Y OF SHATE AM 10: 41