

L13000102/81

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H130001610093)))



H130001610093ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ANC MORTGAGE PROVIDERS, LLC**

Certificate of Status		1
Certified Copy		0
Page Count		03
Estimated Charge		\$130.00

RECEIVED
13 JUL 18 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 JUL 18 AM 7:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 19 2013

T. HAMPTON

H13000161009

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANC Mortgage Providers, 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:Mailing Address:

1395 Brickell Ave.
Miami, FL 33131
Suite 800

Same

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:

Abraham Cruz
 Name

1395 Brickell Ave. #800
 Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33131
 City, State, and Zip

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 13 JUL 18 AM 7:30

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.

[Signature]
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000161009

H13000161009

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

MGRMMGRMGR.**Name and Address:**Abraham Cruz
1395 Brickell Ave #800
Miami, FL 33131Carlos Gilmore
1395 Brickell Ave #800
Miami, FL 33131Claudia Lembrano
1395 Brickell Ave #800
Miami, FL 33131

(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.)

Abraham Cruz
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)

Page 2 of 2

H13000161009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 18 AM 7:30