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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
ALLAMASSEF, FLORIDA

K.SALY EXAMINER SEP 25 2013

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	·CT·	SATORI MO	RTGAGE, LLC	
SCDSL		Name of Limit	ed Liability Company	And the second of the second o
The end	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please i	return all corresp	ondence concerning this matt	er to the following:	
	D	avid A Orte	[્] ડલ	
	5	iatori Mor	Name of Person	
	78411	Wayzata '	BIVE #207 Address	
	Minn	reapolis, m.	N 55426	
-	dorte	Sa @ Satori M E-mail address: (to be used I	N 55476 y/State and Zip Code NOT 1998 C. COM for future annual report notification)	
For fur	ther information	concerning this matter, please	call:	
Pa	A Siw	Ortega	at (957) 544- Area Code & Daytime Telep	1706
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	or the following amount:		
ല് \$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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:
Satori	Mortgage, 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:
7841 Wayzata Blud Suite 207 Minneapolis, MN 55426 Minneapolis, MN 55426 Minneapolis, MN 55426
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:
William Allen Jackson
Name 4205 Van Rusen St
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Hollywood FL 33071 City, State, and Zip
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	Satori Financial Mortgage Group, LLC Satori Mortgage 7841 Wayzata Blvd #207 Minneapolis, MN 55426
(Use attachment if necessary)	
ICLE V: Effective date, if other than	the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days
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.)

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)

Page 2 of 2