

L140000109751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

JUL 11 2014

A. LUNT

Office Use Only



200261464132

07/11/14--01001--003 **120.00

07/07/14--01001--001 **35.00

FILED

2014 JUL 10 AM 8:59

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2014 JUL 10 PM 3:49

NO FEE REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2014

Tina Goff
Sunshine Corporate & Filing Services
3458 Lakeshore Drive
Tallahassee, FL 32312

SUBJECT: LONGVUE MORTGAGE CAPITAL, INC.
Ref. Number: F13000004609

*I need
refund*
*can it
apply to
this*
→

We have received your document for LONGVUE MORTGAGE CAPITAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit amending officers can only be filed during the first year of qualification. You may file an amended annual report online in order to change the officers.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 414A00014513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HFHLHC Funding Company 1, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina Goff - I will pickup
Name of Person

Sunshine Corporate
Firm/Company

3458 Lakeshore Drive
Address

Tall. FL 32312
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina at (850) 508-1891
Name of Person Area Code Daytime Telephone 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)

☐ \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HFHLHC Funding Company I, 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:

1288 N. Tamiami Trail
Fort Myers, FL 33903

c/o Habitat for Humanity of Lee and Hendry Counties, Inc.
1288 N. Tamiami Trail
Fort Myers, FL 33903

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:

Habitat for Humanity of Lee & Hendry Counties, Inc.
Name

1288 N. Tamiami Trail
Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33909
City 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 605, F.S.

Habitat for Humanity of Lee & Hendry Counties, Inc.

By: [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Habitat for Humanity of Lee and Hendry Counties,
1288 N. Tamiami Trail
Fort Myers, FL 33903

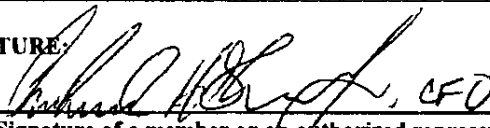
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Richard H. Shera, Jr., Chief Financial Officer

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)