

L140000174064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

NOV 10 2014

A. LUNT

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A. LUNT

W14-61474

Office Use Only



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09/29/14--01040--006 \*\*130.00

FILED  
2014 NOV -7 AM 8:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2014

IRA GOLDBERG  
7092 BERACASA WAY  
BOCA RATON, FL 33433

SUBJECT: FIRST TRUST MORTGAGE L.L.C.  
Ref. Number: W14000061474

FILED  
2014 OCT -7 AM 8:07  
DIVISION OF STATE  
CORPORATIONS

We have received your document for FIRST TRUST MORTGAGE L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P96000024351.

Please return 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.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 214A00021565

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Trust Mortgage 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:

Ira Goldberg  
Name of Person

First Trust Mortgage LLC  
Firm/Company

7092 Beracasa Way  
Address

Boca Raton, FL 33433  
City/State and Zip Code

ira9102@aol.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira Goldberg at ( 561 ) 347-2501  
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

2014 NOV - 7 AM 8:07  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

561-347-2501, 561-347-2508 (fax)  
lrag102@aol.com

**First Trust Mortgage**  
**7092 Beracasa Way**  
**Boca Raton, FL 33433**

# Memo

**To:** Florida Department of State

**From:** Ira Goldberg

**CC:**

**Date:** 10/15/2014

**Re:** First Trust Mortgage LLC

2014 NOV -7 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Please be advised that Allen Robinson and I are the principals' of First Trust Mortgage Corp., and own the rights to the name. We are hereby granting permission for First Trust Mortgage LLC to utilize the name and requesting the Florida Department of State to allow the entity to be created. Thanks and please contact us with any questions.

Ira Goldberg  
Vice President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Trust Mortgage L.L.C.

(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:

7092 Beracasa Way  
Boca Raton, FL 33433

7092 Beracasa Way  
Boca Raton, FL 33433

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:

Ira Goldberg  
Name

7092 Beracasa Way  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FL 33433  
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..*

[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

MGR

MGR

**Name and Address:**

Cindy Goldberg

4752 NW 26<sup>th</sup> Way

Boca Raton, FL 33434

MARSHA Broadwell

800 Butternut Terrace

Boca Raton, FL 33486

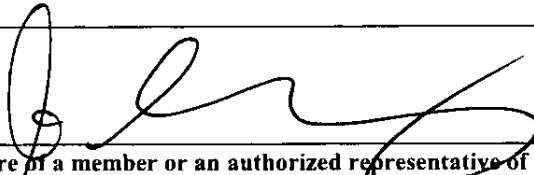
(Use attachment if necessary)

**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.)

Ira Goldberg

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)**