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Division of Corporations

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Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

Fax Number : (305) 633-9696

FLORIDA LIMITED LIABILITY CO. S.D. MORTGAGE, L.L.C.

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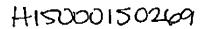
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COVER LETTER

	ion Section of Corporations		•
SUBJECT:	5. D. Morto Name of Li	raited Liability Company	.L.C.
The enclosed Artic	es of Organization and fice(s)	are submitted for filing.	
Please return all con	respondence concerning this n		
1-7-1-A-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	STACE	Name of Person THATE Pirm/Company	75
		Name of Person	_
	S.D. Mok	TGAGE	6.6.0
		Firm/Company	
	5360	V.W. 1193	TERRACE
م <u>ن سر و بينتو</u>	CORAL	SPRINGS	PERRACE FL 33074
£	E-meti address: (to be use	did future annual report mutific	ation)
For further informati	on concerning this matter, ples	•	
STALEY	KORDAS ac	454 fos. Area Code Daytime Te	<i>(</i> 377
Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check t	or the following amount:		
☐ S125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

		FLUMBURLE	ITED LIABILITY (COMPANY		
ARTICLE I - Name: The name of the Limited L	lability Company is:			,		
51	HARTON	ATE	4.6.	C).		
(Must	end with the words "Limited	Liability Con	pany, "LL.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and st	reet address of the principal o	office of the Lis	nited Liability Co	ompany is:	•	
Principal Office Address:		Mailing A	ddress:			
5360 NW2	19 TELKACE LINGS FL 330.710	•	SAKE			
CORAL SPA	INOS FL				_	
			····			
(The Limited Liability Con-	d Agent, Registered Office, spany cannot serve as its own h an active Florida registratio	Registered Ag			lividual or	
The name and the Florida s	treet address of the registered	l agent are:				
	treet address of the registered HHROLD Name 1776 N. 111 Ordustreet address (P.O. Box	WEI	SSMAN	F.A.		
	Name	/	. (0		
	1776 N. 811	V5 /50	LANDI	(1) #o	224	
Fig	ridu street address (P.O. Box	NOT accepts	ble)	•		
L	ANTATION	FL 3	3322			
	· City		Zip			
the place designated in t capacity. I further agree t	istered agent and to accept se his certificate, I hereby accep to comply with the provisions miliar with and accept the ob Chap	t the appointme of all statutes r	ent as registered a clasing to the proj	gent and agre ser and compl	e to act in this ete performance	
	Registere rgent's Signal	ture (REOUR	ED)			
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Title: "AMBR" = Authorized Mamber "MCR" = Manager PM B R M B R STA OF Social Springs,	KORDAS TETTACE FI 53076
"MGR" = Manager / MGR STACE / 5340 pw 119	Terrace
5360 NW 1/9	Terrace
Corel Sprmas,	
	77 35070
(Use attachment if necessary)	
LEV: Effective date, if other than the date of filling:	CODITONIAL
REQUIRED SIGNATURE:	^
Drawn Danga	<u> </u>
Signature of a member or an attinorized represents	tive of a member.
(In accordance with section 605(020) (1) (b), Florida Statutes, the constitutes an affirmation under the penalties of perjury that the fu	execution of this document
I am aware that any false information submitted in a document to t	he Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.)
STACEY KORN	AS
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Data a Trans	istered Agent
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