1900021711

(Re	equestor's Name)
(Ad	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

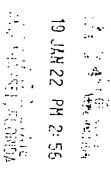
Office Use Only

K PAGE JAN 28 2019



500323225755

01/32/19--01023--023 **155.00



COVER LETTER

	New Filing Section Division of Corporations
eud iezy	American Home Mortgage of Florida LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please reti	urn all correspondence concerning this matter to the following:
	Gerald S Gradowski
	Name of Person
	American Home Mortgage of Florida LLC
	Firm/Company
	311 Parkside Lane
	Address
	Safety Harbor, Florida 34695
	City/State and Zip Code gerry123@tampabay.rr.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Gerald S Gradowski 727 481-1453
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

American Home!	Mortgage of Florida LLC		
(Must c	ontain the words "Limited Lial	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and stree	t address of the principal offic	e of the Limited Liability Company is:	
<u>Prin</u>	cipal Office Address:	Mailing Addre	<u>ss</u> :
311 Parkside Land	• *	311 Parkside Lanc	
Safety Harbor		Safety Harbor	
Florida 34695		Florida 34695	
ARTICLE III - Registered A	Agent, Registered Office, & 1	Registered Agent's Signature:	
(The Limited Liability Compa another business entity with a		Registered Agent's Signature: gistered Agent. You must designate an indi ent are:	ividual c
(The Limited Liability Compa another business entity with a	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag Gerald S Gradowski	gistered Agent. You must designate an indi	ividual c
(The Limited Liability Compa another business entity with a	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag Gerald S Gradowski	gistered Agent. You must designate an indi	ividual c
(The Limited Liability Compa another business entity with a	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag Gerald S Gradowski N 311 Parkside Lane	gistered Agent. You must designate an indi	ividual c

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

19 JAN 22 PM 2: 56

Title: "AMBR" = Authorized Me "MGR" = Manager	Name and A	ddress:
MGR	Gerald S Gr	
	311 Parkside	
	Safety Harb	or, Florida 34695
AMBR	Gerald S G	radowski
	311 Parkside	Lane
	Safety Harb	or, Florida 34695
	-	
		
		
(Use attachment if necessa	v)	
(Spe andominant it involves		
		(OPTIONAL)
LE V: Effective date, if other	than the date of filing:	(OLLOWAL)
fective date is listed, the da	than the date of filing: e must be specific and cannot be m	ore than five business days prior to or 90
fective date is listed, the da of filing.)	e must be specific and cannot be m	ore than five business days prior to or 90
fective date is listed, the da of filing.) If the date inserted in this blo	e must be specific and cannot be m ck does not meet the applicable state	ore than five business days prior to or 90
Tective date is listed, the da of filing.) If the date inserted in this blo	e must be specific and cannot be m	ore than five business days prior to or 90
of filing.) If the date inserted in this blo	e must be specific and cannot be made does not meet the applicable state. Department of State's records.	ore than five business days prior to or 90 atory filing requirements, this date will not
fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the	e must be specific and cannot be made does not meet the applicable state. Department of State's records.	ore than five business days prior to or 90
fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the	e must be specific and cannot be made does not meet the applicable state. Department of State's records.	ore than five business days prior to or 90
fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the	e must be specific and cannot be made does not meet the applicable state. Department of State's records.	ore than five business days prior to or 90
fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the	e must be specific and cannot be marked does not meet the applicable state. Department of State's records. By:	ore than five business days prior to or 90
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REOUIRED SIGNATURE.	e must be specific and cannot be made the does not meet the applicable state. Department of State's records. By:	Stadwork
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REOURED SIGNATUE Sign This docu	ck does not meet the applicable state. Department of State's records. E: Atture of a member or an authorizement is executed in accordance with	atory filing requirements, this date will not the state of a member. Section 605.0203 (1) (b), Florida Statutes.
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REOUIRED SIGNATUR Sign This docult am aware	e must be specific and cannot be made does not meet the applicable state. Department of State's records. By: E: Ature of a member or an authorizement is executed in accordance with that any false information submitted.	d representative of a member. section 605.0203 (1) (b), Florida Statutes. in a document to the Department of State
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REOUIRED SIGNATUR Sign This docult am aware	ck does not meet the applicable state. Department of State's records. E: Atture of a member or an authorizement is executed in accordance with	d representative of a member. section 605.0203 (1) (b), Florida Statutes. in a document to the Department of State

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)