Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000174136 3)))



H190001741363ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mrobbins@shumaker.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Aboard Mortgage Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION

OF

ABOARD MORTGAGE PARTNERS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is ABOARD MORTGAGE PARTNERS, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

3309 W. Bay to Bay Blvd Tampa, FL 33629

ARTICLE III - Registered Agent and Office

The name and the Florida street address of the registered agent are:

Michael H. Robbins, Esq. 101 E. Kennedy Boulevard Suite 2800 Tampa, Florida 33602

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 of Registered Agent

2019 HAY 31 AH 7: 55
SECRETARY OF STATE

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this $31\frac{2}{3}$ day of May 2019.

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 section 817.155, Florida Statutes)

Joshua Marks

Typed or printed name of signee