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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HAHN LOESER + PARKS LLP
Account Number : 120050000053
Phone : (216)621-0150
Fax Number : (216)241-2824

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

Email Address: GNB@HAHNLAU.COM

FLORIDA LIMITED LIABILITY CO.

My Private Mortgage Broker, LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: My Private Mortgage Broker, 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:

Gretchen Nine-Bunnell, Paralegal

Name of Person

Hahn Loeser & Parks LLP

Firm/Company

200 PUBLIC SQUARE, SUITE 2800

Address

CLEVELAND, OH 44114

City/State and Zip Code

GNB@HAHNLA.W.COM

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

For further information concerning this matter, please call:

Gretchen Nine-Bunnell, Paralegal 216 274-2217
Name of Person at () 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 & Confidential Copy to members ☐ \$160.00 Filing Fee, Certificate of Status & (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My Private Mortgage Broker, LLC

(Must contain 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:13738 Callisto Avenue
Naples, FL 3410913738 Callisto Avenue
Naples, FL 34109

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:

HL Statutory Agent, Inc.

Name

5811 Pelican Bay Boulevard, Suite 650Florida street address (P.O. Box NOT acceptable)NaplesFlorida34108

City

State

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.

HL Statutory Agent, Inc.

By:

Jeffrey M. Folkman

Registered Agent's Signature (REQUIRED)

Jeffrey M. Folkman, Vice President

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR
Eric Westberg
13738 Callisto Avenue
Naples, FL 34109

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:*Eric Westberg*
 Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.
Eric Westberg, Authorized Representative

Typed or printed name of signer

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)

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