

L200000232380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

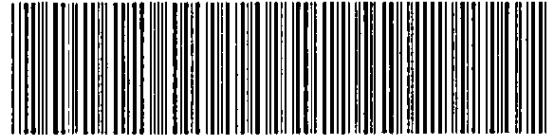
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

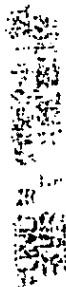
Special Instructions to Filing Officer:

Office Use Only



000349927010

08/11/20--01015--007 \*\*125.00



2020 AUG 11 AM 11:42

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 11 AM 9:03

FILED

N CULLIGAN

AUG 11 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LIBERTY MORTGAGE LOAN, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

STACY SMALL at 850 893-4105  
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  
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

FILED

2020 AUG 11 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**  
**OF**  
**LIBERTY MORTGAGE LOAN, LLC**

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **LIBERTY MORTGAGE LOAN, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 4969 Hollystone Lane, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 4969 Hollystone Lane, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **SUSAN S. THOMPSON** at located at 3520 Thomasville Road, Fourth Floor, Tallahassee, FL 32309.

7. **MANAGEMENT.**

The name and address of the manager of the Limited Liability Company are:

Tapaswi Mallepaddi  
4969 Hollystone Lane  
Tallahassee, Florida 32312

DATED this 10<sup>th</sup> day of August, 2020.



---

TAPASWI MALLEPADDI

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **LIBERTY MORTGAGE LOAN, LLC.**
2. The name of the registered agent and office is: **SUSAN S. THOMPSON** at 3520 Thomasville Road, Fourth Floor, Tallahassee, FL 32309.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**SUSAN S. THOMPSON, Registered Agent**

**FILED**  
2020 AUG 11 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FL