12/16/2020

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Componations Fax Number : (%50)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC Account Number : I20180000053 Phone : (954)583-3223

Fax Number

: (954)583-3259

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

Email Address: NOELLENORUELL @ JAHOD. WM

FLORIDA LIMITED LIABILITY CO. LUXURY MORTGAGE LENDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

		J T ER EDITER	
	New Filing Section Division of Corporations		
SUBJECT	LUXURY MORTGAGE LI	ENDING, LLC	
300320		imited Liability Company	
The enclose	sed Articles of Organization and fee(s) a	are submitted for filing.	
Please rett	urn all correspondence concerning this n	natter to the following:	
	ANITA NOELLE NORVELL		
		Name of Person	
	LUXURY MORTGAGE LENDING,	LLC	
		Firm/Company	
	340 SUSNET DRIVE, #1810		
		Address	
	FORT LAUDERDALE, FL 33301		
	NOELLENORVELL@YAHOO.COM	City/State and Zip Code	
		ed for future annual report notification)	
For further	information concerning this matter, plea	ase call:	
	ANITA NOELLE NORVELL	727 243-7499	
		Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	202) }
	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	<u></u>
	Mailing Address New Filing Section	Street Address New Filing Section	ין : כן אם
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LUXURY MORTGAGE LENDING, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
Principal Office Address:	Mailing Address:
340 SUNSET DRIVE #1810	340 SUNSET DRIVE #1810
FORT LAUDERDALE, FL 33301	FORT LAUDERDALE, FL 33301

ANITA NOELLE NORV	ELL	
Na	me	
340 SUNSET DRIVE #1	810	
Florida street address (P.	O. Box NOT acce	otable)
FORT LAUDERDALE	FLORIDA	33301
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.

Anita Noelle Norvell Anita Noelle Norvell 2020.12.16 07:35:11 -05'00'

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: 9545833259

•	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBR	ANITA NOELLE NORVELL
	340 SUNSET DRIVE #1810
	FORT LAUDERDALE, FL 33301
	
	
Name of the state	
(Use attachment if necessary)	
ctive date is listed, the date must be specific and [filing.] he date inserted in this block does not meet the ap	cannot be more than five business days prior to or specificable statutory filing requirements, this date will necords.
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