

To: FAX SERVICE

From: 9545833259

12-16-20 12:53pm p. 1 of 4

12/16/2020

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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 : MILBERY & KESSELMAN CPAS, LLC
Account Number : I20180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

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

Email Address: NOELLE.NORVELL@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.
LUXURY MORTGAGE LENDING LLC

Certificate of Status	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LUXURY MORTGAGE LENDING, 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:

ANITA NOELLE NORVELL

Name of Person

LUXURY MORTGAGE LENDING, LLC

Firm/Company

340 SUSNET DRIVE, #1810

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

NOELLENORVELL@YAHOO.COM

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

For further information concerning this matter, please call:

ANITA NOELLE NORVELL

727

243-7499

at (

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUXURY MORTGAGE LENDING, 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:340 SUNSET DRIVE #1810
FORT LAUDERDALE, FL 33301340 SUNSET DRIVE #1810
FORT LAUDERDALE, FL 33301**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:

ANITA NOELLE NORVELL

Name

340 SUNSET DRIVE #1810Florida street address (P.O. Box **NOT** acceptable)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)

