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(((H22000136428 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FOLEY & LARDNER Account Number : I19980000047 Phone : (407)423-7656 Fax Number : (407)648-1743

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

Email Address:___

FLORIDA LIMITED LIABILITY CO.

MV Home Loans LLC

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Help

Tallahassee, FL 32314

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COVER LETTER

TO:	New Filing Sect Division of Cor						
SUBJE	MY Home	Loans LLC					
30001,		Nam	e of Limite	d Liabilit	у Сотрвиу	·	
The enc	closed Articles of	Organization and f	ec(s) are s	ubmitted f	or filing.		
Please r	return all correspo	ndence conserning	this matte	r to the fu	llowing:		
	Steve Scott, A	Authorized Signate	oty				
			1	Name of I	crson		
	MV Realty N	fortgage LLC					
	<u> </u>		-	Firm/Con	прапу		
	219 N. Dixie	Blvd.					
	<u> </u>			Addre	33		
	Delray Beach	ı, Florida 33444					
	sscott@homes	atmy com	City	State and	Zip Code	<u>-, </u>	
			be used for	future an	mual report notificario	on)	
For further	er information cor	cerning this matte	r, please ca	ul:			
	Steve Scott		561	١	7996		
	Name	of Person	-	Code	Daytime Telephone	Number	
Enclose	ed is a check for th	e following amour	nt:				
≣\$125	5.00 Filing Fee	□\$130.00 Filing Certificate of St	uus	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filia Certificate of S Certified Copy (additional copy i	iatus &
	New Fi Divisio	z Address ling Section n of Corporations ox 6327		ֿאַ ד	itreet Address New Filing Section Dir The Centre of Tallaha 1415 N. Monroe Stree	SSEE	0 1/1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2

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Tallahussee, FL 32303

H220001364283

ARTICLE I - Name: The name of the Limited Lisb	ility Company is:		
MV Realty Morte	age LLC		
(Must co	onatin the words "Limited I	Lisbility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	address of the principal o	ffice of the Limited	Liability Company is:
Princ	ipal Office Address:		Malling Address:
219 N. Dixie Blvd	·	219	N. Dixie Blvd.
Delray Beach, Flo ARTICLE III - Registered A The Limited Liability Compa	rida 33444 agent, Registered Office, ony cannot serve as its own	Deh & Registered Agei Registered Agent.	ray Beach, Florida 33444
Oelray Beach, Flo ARTICLE III - Registered A The Limited Liability Compa another business entity with a	rida 33444 Agent, Registered Office, only cannot serve as its own in active Florida registration address of the registered	& Registered Agent.	ray Beach, Florida 33444 nt's Signature:
Oelray Beach, Flo ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	rida 33444 agent, Registered Office, on cannot serve as its own in active Florida registration	& Registered Agent.	ray Beach, Florida 33444 nt's Signature:
Delray Beach, Flo ARTICLE III - Registered A (The Limited Liability Companiother business entity with a	rida 33444 Agent, Registered Office, only cannot serve as its own in active Florida registration address of the registered	& Registered Agent. n.) agent are:	ray Beach, Florida 33444 nt's Signature:
Delray Beach, Flo ARTICLE III - Registered A (The Limited Liability Companiother business entity with a	rida 33444 Agent, Registered Office, only cannot serve as its own in active Florida registration et address of the registered F & L Corp.	& Registered Agent. n.) agent are: Name	ray Beach, Florida 33444 nt's Signature: You must designate an individual or
Ociray Beach, Flo	rida 33444 Agent, Registered Office, any cannot serve as its own active Florida registration et address of the registered F & L Corp. One Independent Dri	& Registered Agent. n.) agent are: Name	ray Beach, Florida 33444 nt's Signature: You must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" ¬ Authorized Membe "MGR" = Manager	Name and Address:
MGR	Antony Mitchell 219 N. Dixie Blvd. Delrav Heach, Florido 33444
AMBR	Amanda Zachman 219 N. Dixie Blyd. Delray Beach, Fiorida 33444
MGR	David Munchester 219 N. Dixic Blvd. Delray Beach, Florida 33444
(Use attachment if necessary)	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date in the of filing.) If the date inserted in this block decument's effective date on the Dep	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date in the of filing.) If the date inserted in this block decument's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 days oes not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department of the Dep	ist be specific and cannot be more than five business days prior to or 90 days oes not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block doment's effective date on the Department's effective date on the Department of the De	poes not meet the applicable statutory filing requirements, this date will not be listrement of State's records. For a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false in formation submitted in a document to the Department of State