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S. CHATHAM

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COVER LETTER

sion of Corporations			
	of Limited Liab	ility Company	
Articles of Organization and fe	e(s) are submitt	ed for filing.	
all correspondence concerning t	this matter to the	: following:	
aul Samir Farag			
	Name o	of Person	
riendly Mortgage LLC			
	Firm/C	ompany	
15 N Franklin St Unite 2220			
	Add	lress	
ampa / Florida / 33602			
ılsfarag@gmail.com	City/State a	nd Zip Code	
E-mail address: (to be	used for future	annual report notificat	ion)
rmation concerning this matter,	please call:		
-	615 at (482.5943	
Name of Person	Area Code	Daytime Telephon	e Number
check for the following amount:			
	is Certi	fied Copy	☐\$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 Tallahagean El. 22214		Street Address New Filing Section De The Centre of Tallaha 2415 N. Monroe Stre	assee et, Suite 810
	Articles of Organization and feall correspondence concerning to aul Samir Farag riendly Mortgage LLC 15 N Franklin St Unite 2220 ampa / Florida / 33602 alsfarag@gmail.com E-mail address: (to be rmation concerning this matter, to be remained and person check for the following amount: ling Fee	Friendly Mortgage LLC Name of Limited Liab Articles of Organization and fee(s) are submitted all correspondence concerning this matter to the aul Samir Farag Name of riendly Mortgage LLC Firm/C 15 N Franklin St Unite 2220 Add ampa / Florida / 33602 City/State a allsfarag@gmail.com E-mail address: (to be used for future remation concerning this matter, please call: all Farag all Farag Area Code check for the following amount: ling Fee	Articles of Organization and fee(s) are submitted for filing. all correspondence concerning this matter to the following: auth Samir Farag Name of Person riendly Mortgage LLC Firm/Company 15 N Franklin St Unite 2220 Address ampa / Florida / 33602 City/State and Zip Code alsfarag@gmail.com E-mail address: (to be used for future annual report notificat rimation concerning this matter, please call: all Farag Name of Person Area Code Daytime Telephon check for the following amount: ling Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Street Address New Filing Section D The Centre of Tallahie P.O. Box 6327 Nonroe Street Street Address New Filing Section D The Centre of Tallahie 2415 N. Monroe Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Friendly Mortgage L				
(Must cont	tain the words "Limited	Liability Compan	y. "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limite	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
915 N Franklin St Ui	nit 2220 Tampa, FL 336	02 91.	5 N Franklin St Unit 2220 Tampa, FL	336
ARTICLE III - Registered Age	ent, Registered Office.	& Registered Ag	ent's Signature.	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own active Florida registration	Registered Agent n.)	ent's Signature: You must designate an individual or	
another business entity with an a	cannot serve as its own active Florida registration	Registered Agent n.)	ent's Signature: You must designate an individual or	·-· ·
another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent n.)	ent's Signature: You must designate an individual or	·
another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent n.) agent are: Name	ent's Signature: . You must designate an individual or	·
another business entity with an a	eannot serve as its own active Florida registration address of the registered Paul Farag	Registered Agent n.) agent are: Name	You must designate an individual or	·
another business entity with an a	eannot serve as its own active Florida registration address of the registered Paul Farag 915 N Franklin St Uni	Registered Agent n.) agent are: Name	You must designate an individual or	·

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Same and Address:	
MGR	Paul Farae, 915 N Franklin St Unit 2220 Tampa FL 33602	_
		<u>-</u>
		.1
		
		-
i effective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90	dove
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.	
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	
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ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is execular any fals	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.	

as

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)

COVER LETTER

TO:	New Filing Se Division of Co	ection Orporations			
SUBJI		dortgage LLC			
3011	<u> </u>	Name of I	imited Liab	ility Company	
The en	closed Articles o	f Organization and fee(s)	are submitte	d for filing.	
Please	return all corresp	ondence concerning this	matter to the	following:	
	Paul Samir	Farag			
	<u> </u>		Name o	f Person	
	Friendly Ma	ortgage LLC			
			Firm/C	этралу	
	915 N Frank	din St Unite 2220			
			Add	ress	
	Tampa / Flo	rida / 33602			
	paulsfarag@g		City/State at	nd Zip Code	
		E-mail address: (to be use	d for future	annual report notificati	on)
For furth		ncerning this matter, plea		,	,
	Paul Farag		515	482.5943	
	Nam			Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Friendly Mortgage				
(Must cor	itain the words "Limited L	iability Compa	nny, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street	address of the principal of	lice of the Lim	ited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
915 N Franklin St U	Jnit 2220 Tampa, FL 3360	<u>2</u> <u>9</u>	15 N Franklin St Unit 2220 Tampa, FL	<u>336</u>
-		=		<u> </u>
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration.	legistered Age .)	nt. You must designate an individual or	12 1
another business entity with an	y cannot serve as its own R active Florida registration.	legistered Age .)	nt. You must designate an individual or	12 16 6
another business entity with an	y cannot serve as its own R active Florida registration address of the registered a Paul Farag	legistered Age .)	nt. You must designate an individual or	_
another business entity with an	y cannot serve as its own R active Florida registration address of the registered a Paul Farag	egistered Age gent are: Name	nt. You must designate an individual or	_
another business entity with an	y cannot serve as its own R active Florida registration address of the registered a Paul Farag 915 N Franklin St Unit	egistered Age gent are: Name	nt. You must designate an individual or	_

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Paul Farag. 915 N Franklin St Unit 2220 Tampa FL 33602
	. •
	
he date of filing.) Note: If the date inserted in this block does to the document's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	A
This document is ex	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Paul Farag	
	Typed or printed name of signee

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)