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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: EG Morlogge Services 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:
Elizabeth Garcia Name of Person
EG Mortgage Services LLC Firm/Company
Firm Company
7634 SW 158 AVE
Address
Mianii FL. 33193
Mianli Fl. 33193 City/State and Zip Code Lizgarcia710 @ live.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Carch at (305) 519-9967 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Masi coma	in the words Elithica Elia	onny compan	11, 5.0.0., 01 520. /	
ARTICLE II - Address: The mailing address and street address	dress of the principal offic	e of the Limi	ited Liability Company is:	
Principa	l Office Address:		Mailing Address:	
7123450	158 AUR		76345W 158 Acre	
miam	1 FL. 33193		Diami FL-33193	-
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act The name and the Florida street a	cannot serve as its own Rective Florida registration.)	gistered Age	nt. You must designate an individual or	
	O	ame		
	Thorida street address (F			
	Miami		33/93	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro-	I hereby accept the appoint ovisions of all statutes relating tions of my position as the statutes relating to the statut	tment as regi: ting to the pro registered ago	r the above stated limited liability company a stered agent and agree to act in this capacity oper and complete performance of my duties, ent as provided for in Chapter 605, F.S gnature (REQUIRED)). 1
	(CONTINUE	ED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	7=1. 1 (1 A)
President-	Elizabeth Garcia
	Miami FL 33193
Vice Presider+	Valentin Garage
	7(034 SW 158 Aug
	Miami FL. 33193
(Use attachment if necessary)	

Signature of a member or an authorized representative of a member

REQUIRED SIGNATURE:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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)

December 18, 2023

Ref. EG Mortgage Services LLC.

Hi Ms. Lovelace,

I'm not sure what I've attached if finally, what is needed to correct my filing. Please note that my intensions where always to create an LLC. Apparently, something happened when I did the filing on line that it was done as a Corporation and that's why we are trying to do the correction.

I've attached a copy of the \$35.00 check that I had already paid and enclosed another for the difference of \$2.50 to complete my payment.

I hope this will complete the requirement and finally correct my registration.

Please do not hesitate in contacting me at 305-519-9967 or lizgarcia710@live.com.

Thank you again for all your cooperation.

Elizabeth Garcia

President

EG Mortgage Services LLC.