

L99000001875

Family Mortgage Services, LTD
Requestor's Name

1127 Bridges Street
Address

Ashland Ohio 44004
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -2 PM 4:01

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-04/05/99--01002--008
*****850.00 *****337.50

Name	4/2/99
Availability	6:00
OTHER FILINGS	
Document Examiner	Annual Report DCC
Fictitious Name	DCC
Name Reservation	DCC
Verifying	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 APR -2 PM 3:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L99000001875

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: the Excellent Match, LLC

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1127 BRIDGE ST.
ASHTABULA, OHIO 44004

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

APRIL 2, 1999
CONTINUOUSLY FROM DATE OF INCEPTION

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Robert A. Contorno, member
Michelle L. Sforzo, member
1127 Bridge Street
Ashtabula, Ohio 44004

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By 100% vote of all existing members of the
original partnership or 2/3rd vote of all members,
or as outlined in the Company's operating agreement.

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DIVISION OF CORPORATIONS
99 APR - 2 11 41 AM
1127 BRIDGE STREET
ASHTABULA, OHIO 44004

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

To Acquire the units of the Departing member
As "Company" units OR By 2/3rds Vote, the units of the
Departing member can be purchased at face value, by
All Remaining members, OR As ^{AMEND} By the Companies operating
Agreement AND in accordance with the terms thereof.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of

match, LLC

certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is

\$ 1000

- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;
(A description of the property is attached and made a part hereto.); and

- 4) the total amount of cash and property contributed and anticipated to be
contributed by member(s) is

\$ 1000⁰⁰ +


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert A. Contoreno

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is:

THE EXCELLENT MATCH,
LLC

2. The name and the Florida street address of the registered agent are:

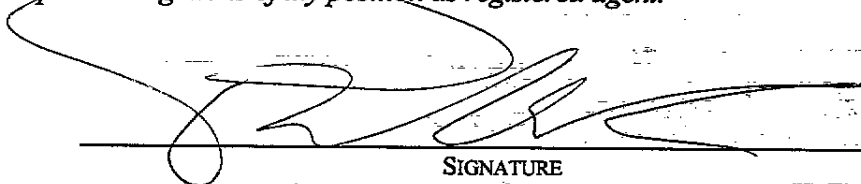
R. A. GINTORNO
NAME

1505 WEST VIRGINIA LANE
Florida street address (P. O. Box NOT ACCEPTABLE)

CLEARWATER, FL 33759
CITY, STATE AND ZIP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -2 PM 4:01

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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent