

L99000001876

Family Mortgage Services, LTD  
Requestor's Name

1127 Bridge 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

99 APR - 2 PM 4:01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

800002828588-2  
-04/05/99-01002-008  
\*\*\*\*\*850.00 \*\*\*\*\*337.50

Name 4/12/99	
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name DCC
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Acknowledgement DCC
<input type="checkbox"/>	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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 APR - 2 PM 3:45

RECEIVED

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Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CONTORNO, SFORZO & ASSOCIATES, LLC.

## 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

CONTINUANCE 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 2/3 vote of all members, OR as outlined in the "Company's operating Agreement".

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#### 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 Fair  
Value, By All Remaining members, in equal distribution  
to all remaining members. OR AS ANSWERED BY THE  
"Operating Agreement" of the Company and in accordance  
with the terms thereof,

#### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Contorno, & Associates, LLC. certifies:

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99 APR 12 PM 4:01

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

\$ 10,000.00

- 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

\$ 10,000.00 +

  
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. Contorno

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**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: Contorno, Sforzo  
& Associates, LLC

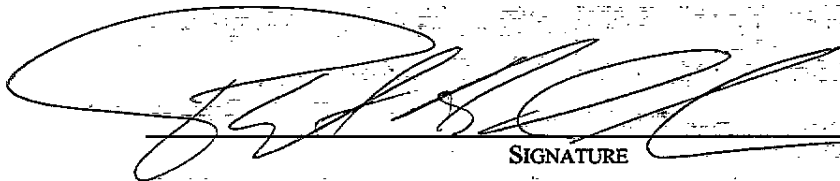
2. The name and the Florida street address of the registered agent are:

R. A. Contorno  
NAME

1505 West Virginia Lane  
Florida street address (P. O. Box NOT ACCEPTABLE)

Clearwater, FL 33759  
CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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