L03000016772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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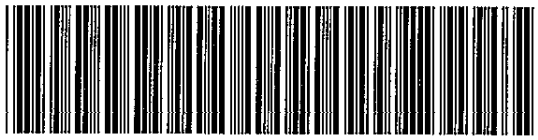

800016362598

05/09/03--01033--023 **35.00

05/09/03--01033--024 **125.00

RECEIVED
03 MAY -9 AM 11:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L03-16772

FILED
03 MAY -9 PM 12:48
TALLAHASSEE, FLORIDA

CT CORPORATION

May 9, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5847879 SO
Customer Reference 1:
Customer Reference 2:

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03 MAY -9 PM 12:48
TALLAHASSEE, FLORIDA

Dear Secretary of State, Florida:

Please file the attached:

Provision Mortgage LLC (FL)
Cert Copy of Articles of Org
Florida

Provision Mortgage LLC (FL)
Certificate of Status-Domestic
Florida

Provision Mortgage LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Brigham Weir

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

FILED
03 MAY -9 PM 12:48
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: PROVISION MORTGAGE LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
609 HIGH PLAIN DRIVE, BEL AIR, MARYLAND 21014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System
Name

c/o C T Corporation System,1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation **FL 33324**
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 608, F.S.

By: **C T Corporation System**
Registered Agent's Signature

Bonnie A. Schuman, Assistant Secretary
(An additional article must be added if an effective date is requested)

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

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

WILLIAM S. SCOTT III
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)