

L03000031127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

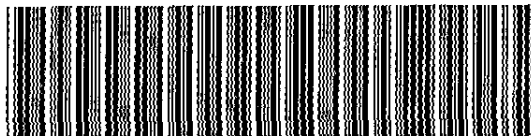
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/20/03--01067--017 \*\*5.00

08/20/03--01067--016 \*\*125.00

RECEIVED  
03 AUG 20 AM 11:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BK*

FILED  
03 AUG 20 PM 2:12  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

August 20, 2003

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

03 AUG 20 PM 2:12  
FILED  
STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5916751 SO  
Customer Reference 1: Pride Home Mortgage LLC  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Pride Home Mortgage, LLC (FL)  
Formation  
Florida

Pride Home Mortgage, LLC (FL)  
Certificate of Status-Domestic  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pride Home Mortgage, LLC

**ARTICLE II - Address:**

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

700 NW 107th Ave., Suite 120 Miami, FL 33172

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

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

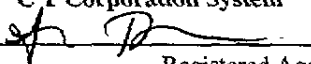
C T Corporation System  
Name

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

FILED  
03 AUG 20 PM 2:12  
STATE  
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.*

C T Corporation System  
By:  ANUSHA PUTTY, VP + ASST. SEC.  
Registered Agent's Signature

(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.)

Pete Strawser  
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)