

L06000020415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

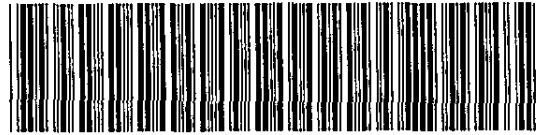
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



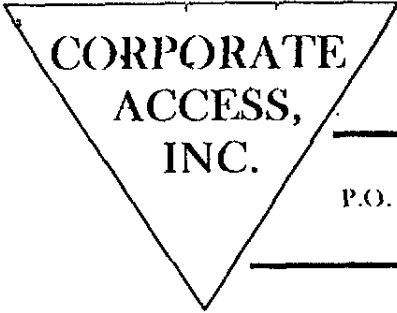
100065909951

02/24/06--01008--021 **130.00

~~005-4500453-1009068796
DEPOSIT ONLY 150.00
02/24/06--01008--021
005-4500453-1009068796
DEPOSIT ONLY 150.00
02/24/06--01008--021~~

RECEIVED
06 FEB 24 AM 10:20
TALLAHASSEE, FLORIDA

FILED
2006 FEB 23 AM 11:00
TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

2/24/04

FILED
2006 FEB 23 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

LLC

1. Speciality Mortgage of Florida, LLC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
SPECIALITY MORTGAGE OF FLORIDA, LLC.,
a Florida Limited Liability Company

FILED
2006 FEB 23 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

The name of this Corporation shall be "SPECIALITY MORTGAGE OF FLORIDA, LLC."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 301 So. Milwee Street, Suite 1009, Longwood, Florida 32750.

ARTICLE III - MANAGEMENT

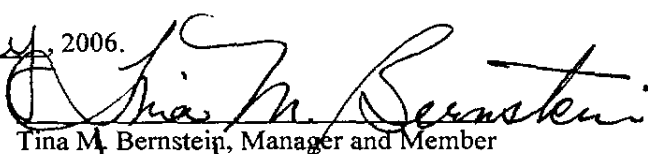
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Tina M. Bernstein.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Melvyn S. Bernstein, 301 So. Milwee Street, Suite 1009, Longwood, Florida 32750. 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

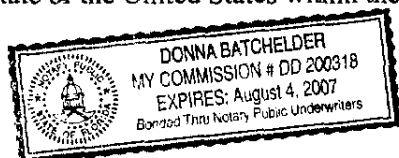
Dated this 23 day of February, 2006.

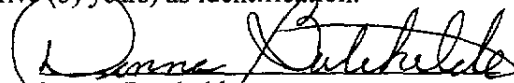

Tina M. Bernstein, Manager and Member


Melvyn S. Bernstein, Member and Registered Agent

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 23 day of February, 2006, by TINA M. BERNSTEIN and MELVYN S. BERNSTEIN. Said persons did not take an oath and (check one) are personally known to me, or produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Donna Batchelder
Notary Public - State of Florida
Commission Number: DD 200318
My Commission Expires: 08/04/2007