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COVER LETTER

TO: Registration Section Division of Corpo		•			
SUBJECT: REO Florida Group, LLC					
Name of Limited Liability Company					
The enclosed Articles of Or	ganization and fee(s) are s	ubmitted for filin	g.		
Please return all correspond	ence concerning this matte	er to the following	g:		
<u>Arturo Giar</u>		Name of Person			
REO Florid	a Group, LLC				
		Firm/Company			
21019 Mars	sh Hawk Drive				
		Address			
Land O Lake	s, FL 34638				
	<u>, , , , , , , , , , , , , , , , , , , </u>	/State and Zip Cod	e		
arturog@me.c	om				
	E-mail address: (to be used for	or future annual rep	ort notification)		
For further information con	cerning this matter, please	call:			
Arturo Giammugnani		at (813	767-1814		
Name of Person			e & Daytime Telep	hone Number	
Enclosed is a check for the	· ·	Drugg oo Pili		76160 00 Eiling Egg	
	130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	рру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building secutive Center Cosee, FL 32301	ircle	

Effective Date 7/5/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REO Florida Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
21019 Marsh Hawk Drive	21019 Marsh Hawk Drive
Land O Lakes, FL 34638	Land O Lakes, Fl 34638

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arturo Giammugn	ani
	Name
21019 Marsh	Hawk Drive
Florida str	reet address (P.O. Box NOT acceptable)
Land O Lakes	_{FL} 34638
	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 as provided for in Chapter 608, E.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	ARTURO GIAMMUGNANI
	21019 MARSH HAWK DRIVE
	LAND O LAKES, FL 34638
MGRM	CARLOS FUENTES
	23738 PEACE PIPE COURT
	LUTZ, FL 33559
MGRM	JENNY HERNANDEZ
	21019 MARSH HAWK DRIVE
	LAND O LAKES, FL 34638
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.)	un the date of filing: July 5th., 2011 (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Tras Langues South
Signature of a n	nember or an authorized representative of a member.
(In accordance with section	on 608.408(3). Florida Statutes, the execution of this document
(in accordance with section	on over-out jet fortua statutes, the execution of this document

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ARTURO GIAMMUGNANI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2