

LO1000005459

March 28, 2001

4/6

MJH

To whom it may concern,

This is the name, address and daytime phone number in which I can be reached.

Troy D Honchell  
54 Wellington Drive  
Palm Coast, Florida 32164  
(386) 793-3333

Thank you

700003850327--5  
-03/13/01--01051--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Troy D. Honchell

700003850327--5  
-04/04/01--01005--029  
\*\*\*\*\*81.25 \*\*\*\*\*81.25  
1.05

Call- Company can not serve as  
their own Reg. Agent.

Troy Honchell GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT R/A  
DATE 4-9-01  
DOC. EXAM MJH

FILED  
01 APR -6 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*MORTGAGE TEK FINANCIAL, LLC*

## ARTICLE II - Address:

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

*1 GORIAN PARK DR. N. Suite 103  
PALM COAST FLORIDA 32137*

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

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

*Troy Honchell*  
Name  
*1 Florida Park Dr. N. Suite #103*  
Florida street address (P.O. Box **NOT** acceptable)  
*Palm Coast* FL *32137*  
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, F.S..*

*Troy D Honchell*  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Troy D Honchell*  
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.)

*TROY D HONCHELL*  
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)

FILED  
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