

LO1000022768

Requester's Name  
969 SUMMERBROOK DR.  
Address  
Tall. Fl. 32312  
City/State/Zip Phone #

Office Use Only

01 DEC 28 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE HOMETOWN MORTGAGE COMPANY LLC.  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. 501A 00067534  
(Corporation Name) (Document #)

700004743577--4  
-12/31/01 --01003--004  
\*\*\*\*125.00 \*\*\*\*125.00

- ☒ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

BK

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

RECEIVED  
01 DEC 28 PM 4:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: THE HOMETOWN MORTGAGE COMPANY LLC.

## ARTICLE II - Address:

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

969 SUMMERBROOKE DR.  
TALL. FL. 32312

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

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

SCOTT E. PICKINGTON  
Name  
969 SUMMERBROOKE DR.  
Florida street address (P.O. Box **NOT** acceptable)  
TALL. FL. 32312 FL  
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..*

SCOTT E. PICKINGTON  
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)

SCOTT E. PICKINGTON  
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.)

SCOTT E. PICKINGTON  
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)

ARTICLE 5 MAKE EFFECTIVE DATE

JAN. 1, 2002

Scott E. P.

RECEIVED

01 DEC 28 PM 4:27

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA