Salson Sold Ood 845 Requester's Name Address Address Ctry/State/Zip Phone

Office Use Only

Examiner's Initials

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

1.	
(Corporation Name)	(Document #) 700004758537—4 -01/08/0201033002 ****375.00 ****125.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #) CDocument #) CDocument #) CDocument #) F
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copys Photocopy Certificate of Status 30
NEW FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Direct Edge Mortgage, LC

ARTICLE II - Address:

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

900 Sixth Ave. South, #103 Naples, FL 34102

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

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

Raymond J. Bowie	
Name 900 Sixth Ave. South, #104	
Florida street address (P.O. Box NOT acceptable)	
Naples FL 34102	
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..

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)

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.)

Raymond J. Bowie

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

02 JAN -8 PM12: 39

SECRETARY OF STATE
TALLAHASSEF