

LO3000022913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

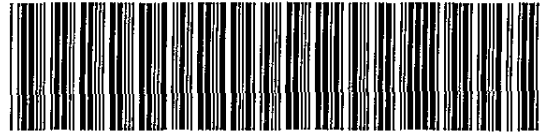
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700020680087

06/18/03--01025---009 **160.00

FILED
03 JUN 18 AM 10:29
SECRETARY OF
TALLAHASSEE, FLORIDA

Angela Dixon-Richmond
1318 Osprey Way
Apopka, FL 32712
407-886-7648

June 16, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization of At Home Mortgage Solutions

To Whom It May Concern:

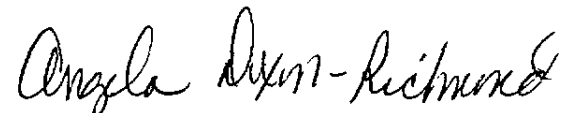
Enclosed please find the original and executed copy of the Articles of Organization of At Home Mortgage Solutions, LLC.

Also enclosed is my check No. 3024 made payable to the Florida Department of State in the amount of \$160.00 to cover the filing fees.

Please process this matter at your earliest convenience.

Should you have any questions please feel free to contact me.

Sincerely,


Angela Dixon-Richmond

FILED
03 JUN 18 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
AT HOME MORTGAGE SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1318 OSPREY WAY
APOPKA, FL 32712

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

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

ANGELA DIXON-RICHMOND

Name
1318 OSPREY WAY

Florida street address (P.O. Box **NOT** acceptable)
APOPKA, FL 32712

City, State, and Zip

FILED
03 JUN 18 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Angela Dixon - Richmond
Registered Agent's Signature

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

Angela Dixon - Richmond
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.)

Angela Dixon - Richmond
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)