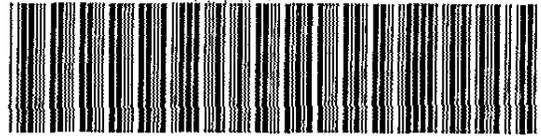


L03000039761

FILED  
03 OCT -8 PM 3:25

CLERK OF STATE  
TALLAHASSEE, FLORIDA



000023104640

09/19/03--01074--002 \*\*100.00

10/15/03--01001--019 \*\*55.00

\_\_\_\_\_  
(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:  
  
*W03-27609*

AL

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

03 OCT -8 PM 3: 25

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

September 25, 2003

JEFFERY P. NEGROTTO  
216 PINE ST.  
FT. WALTON BEACH, FL 32548

SUBJECT: ALLAMERICAN MORTGAGE SERVICES, L.L.C.  
Ref. Number: W03000027609

We have received your document for ALLAMERICAN MORTGAGE SERVICES, L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 103A00052943

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED

03 OCT -8 PM 3: 25

**SUBJECT:** ALLAMERICAN MORTGAGE SERVICES, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery P. Negrotho  
(Name of Person)

ALLAMERICAN MORTGAGE SERVICES, LLC  
(Firm/Company)

216 Pine St  
(Address)

Font Walton Beach, FL 32518  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffery Negrotho at (850) 243-8485  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: ALL AMERICAN MORTGAGE PROTECTION SERVICES, L.L.C.

FILED

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

216 Pine Street  
Fort Walton Beach FL 32548

216 Pine Street  
Fort Walton Beach FL 32548

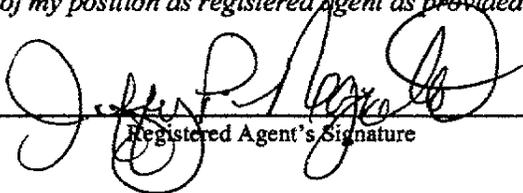
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jeffery P. Negrotto  
Name

216 Pine St  
Florida street address (P.O. Box NOT acceptable)  
Fort Walton Beach FL 32548  
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

(CONTINUED)

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

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

FILED

03 OCT -8 PM 3: 25

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jeffery P. Negroto  
216 Pine St  
Fort Walton Beach, FL 32548

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Jessica Rockett  
216 Pine St  
Fort Walton Beach, FL 32548

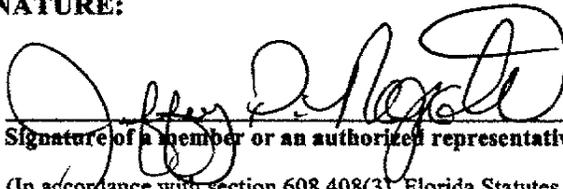
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Jeffery Negroto

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)