

L04000038289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

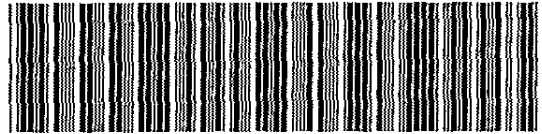
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Requestor's Name	
Requestor's Address	
Requestor's City/State/Zip	
Requestor's Phone #	
Requestor's E-mail	
Requestor's Signature	
Requestor's Title	
Requestor's Date	
Requestor's Acknowledgment	DOC
Requestor's Fee	DOC



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05/12/04--01050--015 \*\*155.00

FILED  
2004 MAY 12 P 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

F.A.C.T  
Foreclosure Asset Consultant team, LLC

9210 Sunset Drive. Suite 103  
Miami, FL

May 10, 2004

The Division of Corp  
PO BOX 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Attached please find application for LLC in the state of Florida.

If you have any questions, please contact:

  
Zandra Mederos

305-271-9250

9210 Sunset Dr

Suite 103

Miami, FL 33173

FILED  
2004 MAY 12 P 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F.A.C.T. FORECLOSURE ASSET CONSULTANT TEAM, 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:

ZANDRA MEDEROS  
(Name of Person)

MEDEROS & ASSOCIATES REAL ESTATE, INC.  
(Firm/Company)

9210 SUNSET DRIVE . SUITE 103  
(Address)

MIAMI, FL 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

ZANDRA MEDEROS at ( 305 ) 271-9250  
(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

**FILED**  
2009 MAY 12 P 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

F.A.C.T FORECLOSURE ASSET CONSULTANT TEAM , LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

9210 SUNSET DRIVE

SUITE 103

MIAMI, FL 33173

**Mailing Address:**

9210 SUNSET DRIVE

SUITE 103

MIAMI, FL 33173

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

BARBARA ACEVEDO

Name

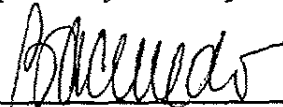
9210 SUNSET DRIVE SUITE 103

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33173 FLORIDA

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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2008 MAY 12 P 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MANAGER

ZANDRA MEDEROS

9210 SUNSET DRIVE SUITE 103

MIAMI, FL 33173

MANAGER MEMBER

BARBARA ACEVEDO

9210 SUNSET DRIVE SUITE 103

MIAMI, FL 33173

(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.)

ZANDRA MEDEROS

\_\_\_\_\_  
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)