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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

VB
5-27-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICA'S MORTGAGE RESOURCE, L.L.C.
(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:

BRETT BLANCHARD
(Name of Person)

(Firm/Company)

3810 ISLAMORADA DRIVE
(Address)

ORMOND BEACH, FLORIDA 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT BLANCHARD at (386) 871-0393
(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

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AND
STOCKS OF STATE
CALL AMARSTEF. FC 0910



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 14, 2004

BRETT BLANCHARD
3810 ISLAMORADA DR
ORMOND BEACH, FL 32176

SUBJECT: AMERICA'S MORTGAGE RESOURCE
Ref. Number: W04000018781

We have received your document for AMERICA'S MORTGAGE RESOURCE and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 304A00033682

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RECEIVED
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICA'S MORTGAGE RESOURCE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1100 N. OCEAN SHORE BLVD

SUITE 2

ORMOND BEACH, FL 32176

Mailing Address:

1100 N. OCEAN SHORE BLVD

SUITE 2

ORMOND BEACH, FL 32176

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

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

DIANA BARCOMB

Name

1605 BRADFORD ROAD

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

EDGEWATER

FLORIDA 32132

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

04 MAY 27 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

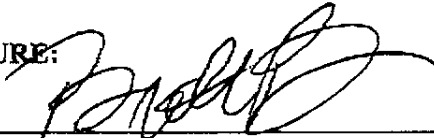
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRBRETT BLANCHARD3810 ISLAMORADA DRIVEORMOND BEACH, FL 32176MGRMERICA BLANCHARD3810 ISLAMORADA DRIVEORMOND BEACH, FL 32176MGRMTIMOTHY HAND50 BEAUREGARD DRIVEGRETN, LA 70053MGRMGEORGE PATRICK HAND200 MERES #17TARPON SPRINGS, FL 34689

(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.)

BRETT BLANCHARD

Typed or printed name of signer

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)**