



**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The OmniOne Mortgage Group, 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:

CAROL A. Buford  
(Name of Person)

OmniOne  
(Firm/Company)

160 International Parkway, Suite 140  
(Address)

Heathrow, Florida 32746  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 P 3 16

FILED

For further information concerning this matter, please call:

CAROL A. Buford at (407) 333-9445  
(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



June 15, 2004

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

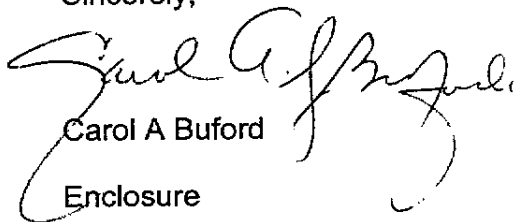
RE: The OmniOne Mortgage Group, LLC

To Whom It May Concern:

Enclosed please find a check in the amount of **\$25.00**. This represents the amount owed to complete the registration for the above named company.

Could you please correct the name to read **THE OMNIONE MORTGAGE GROUP, LLC**. You currently have Omni One as two words.

Sincerely,

  
Carol A Buford

Enclosure



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 11, 2004

CAROL A. BUFORD  
OMNI ONE  
160 INTERNATIONAL PARKWAY, STE 140  
HEATHROW, FL 32746

SUBJECT: THE OMNI ONE MORTGAGE GROUP, LLC  
Ref. Number: W04000022669

We have received your document for THE OMNI ONE MORTGAGE GROUP, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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).

Please return 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 504A00039665

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Omnione Mortgage Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

160 International Parkway  
Suite 140  
Heathrow, FL 32746

**Mailing Address:**

160 International Parkway  
Suite 140  
Heathrow, FL 32746

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

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

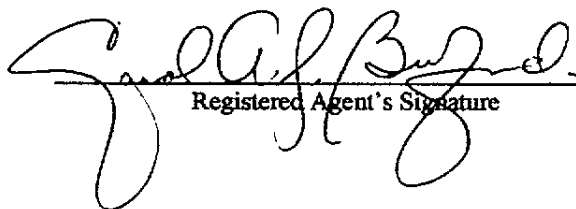
Carol A. Buford  
Name

160 International PKwy - Ste 150  
Florida street address (P.O. Box **NOT** acceptable)

Heathrow, FL FLORIDA 32746  
City, State, and Zip

SECRETARY OF STATE  
FILED  
JUN 25 P 3:16  
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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MGR

Carol A. J. Buford  
1160 International Parkway #140  
Heathrow, FL 32746

MGR

Carl Buford  
1160 International Parkway #140  
Heathrow, FL 32746

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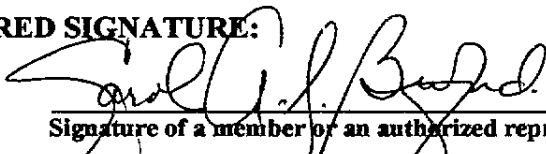
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(Use attachment if necessary)

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2004 JUN 22 P 3:16  
SECRETARY DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

**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.)

Carol A. J. Buford

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)