

L04000083747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

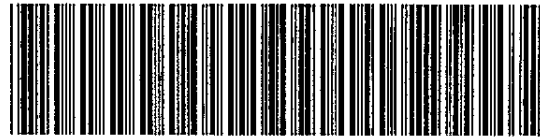
(Business Entity Name)

(Document Number)

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Filing Office

Edward Rice

2703 Park Meadow Dr
Valrico, FL 33594

813-661-8085

Setting up LLC.

"(Mortgage Protection Specialists
of America LLC)"

OR

MPSA. L.L.C

Enclosed is Reg. Fee
of 125-

Thank you

2014 12 P 3:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORTGAGE Protection SPECIALISTS of AMERICA ^{LLC} (MPSA)
(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:

EDWARD RICE
(Name of Person)

MORTGAGE Protection SPECIALISTS of AMERICA
(Firm/Company)

2703 PARK MEADOW DR
(Address)

VALRICO FL 33594
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD RICE at 813 661-8085
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

MORTGAGE PROTECTION SPECIALISTS OF AMERICA LLC (MPSA)

ARTICLE II - Address:

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

Principal Office Address:

2703 Park MEADOW DR
VALRICO FL 32594

Mailing Address:

2703 Park MEADOW DR
VALRICO FL 32594

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

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

EDWARD RICE

Name

2703 Park MEADOW DR

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

VALRICO FL 32594

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)