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**LIMITED LIABILITY COMPANY**

**finn's mortgages llc**

Certificate of Status	0
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# ARTICLES OF ORGANIZATION

## FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

**FINN'S MORTGAGES LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **3624 LONE PINE ROAD**

City, State & Zip: **DELRAY BEACH, FL 33445**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

Name

**KEVIN FINNERAN**

Address (P.O. Box NOT Acceptable)

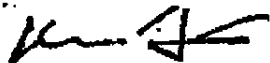
**3624 LONE PINE ROAD**

City, State, Zip

**DELRAY BEACH, FL 33445**

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*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

Date 06/15/2005

☒ Article IV - Management (Check box if applicable.)  
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. KEVIN FINNERAN, 3624 LONE PINE ROAD, DELRAY BEACH, FL 33445



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.

Typed or printed name of signee  
**KEVIN FINNERAN**

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