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SECRETARY OF STATE (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:

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TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations

2005 JUL 19 P 4: 22

SECRETARY OF STATE ALLAHASSEE, FLORIDA SUBJECT: Starpointe Mortgage 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: Michael G. Cosentino (Name of Person) Starpointe Mortgage LLC (Firm/Company) 8300 Hall Rd (Address) Utica MIchigan 48317 (City/State and Zip Code) For further information concerning this matter, please call: Michael G. Cosentino (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee ☐ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 22

The name of the Limited Liability Company is:	MELNIASSEE, FLUK
Starpointe Mortgage LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8300 Hall Rd Utica MI 48317	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
Shawn Rae	
Name 1366 Eightiet	h Street South _
Florida street add St. Petetsbur City, State, a	FL
ony, built, i	—

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: FILED Title: Name and Address: "MGR" = Manager 2005 JUL 19 P 4: 22 "MGRM" = Managing Member SECRETARY OF STATE TALLANASSEE, FLORIDA (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

Typed or printed name of signee

Michael G.Cosentino

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)