# 605000084687

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mortgage Solution Providers LLC (Name of Limite	d Liability Company)	- T- 6-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Susan Cabrera		
0	Name of Person)	
		TALL OF ALL
(	Firm/Company)	G 25 AM 9: 35
23040 Preserve Court		玩写
	(Address)	F 15 9: 1
		RATE 35
Lutz, FL 33549		Ď.
	State and Zip Code)	<del></del>
` .	• ,	
For further information concerning this matter, please	cail:	
Susan Cabrera	at ( 813 ) 240-0520	
(Name of Person)	(Area Code & Daytime Te	dephone 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	MAILING Al Registration S Division of Co P.O. Box 6327	ection orporations

Tallahassee, Florida 32399

Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Mortgage Solution Providers LLC	
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23049 Preserve Court	23049 Preserve Court
Lutz, FL 33549	Lutz, FL 33549 ≥ 0 0
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature;
The name and the Florida street address of the re	
Susan Cabrera	STATE 9: 35
Name	
23049 Preserve Court	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Lutz, FL 33549	FL
City, State, a	nd 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 pastion as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2 3

EFFECTIVE INE \$\frac{2205}{}

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Susan Cabrera	
	23049 Preserve Court	
	Lutz, FL 33549	<del>-</del>
MGRM	Roberto Cabrera	
	23049 Preserve Court	
	Lutz, FL 33549	<del></del>
	777 (1)	05 AUG 25
		· 0
	Uy:	A Lander
(Use attachment if necessary)		H 9: 35
NOTE: An additional article mu	st be added if an effective date is requested.	DA D
REQUIRED SIGNATURE:	ber of an authorized representative of a member.	
(In accordance with	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	
Susan Cabrera		
	Typed or printed name of signee	

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)

Page 2 of 2 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE V - Effective Date

The effective date of Mortgage Solution Providers LLC is August 22, 2005.

Signature of a member or an authorized representative of a member.

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