

LOS-000095645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

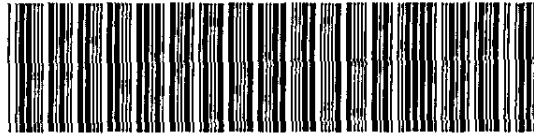
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-95645
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 16, 2005

EDWARD AND GINA CUMMINS
14359 MIRAMAR PKWY, SUITE 332
MIRAMAR, FL 33027

SUBJECT: FORECLOSURE PREVETION SERVICES LLC
Ref. Number: W05000043122

We have received your document for FORECLOSURE PREVETION SERVICES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check 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 your document, along with 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 905A00057198

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Foreclosure Prevention Services

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3350 SW 148 Street

Suite 110

Miramar, FL 33027

(954) 874-1718
FAX (305) 829-7926

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee Florida 32314

Please accept these forms as our application for Articles of Organization. Enclosed is our \$160.00 Registration Fee as well as all documents and forms needed to complete this transaction. Please contact me if anything further is needed.

Thank you
Gina Cummins
(786) 356-8779 cell

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreclosure Prevention Services 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:

Edward G and Jim Cummins
(Name of Person)

Foreclosure Prevention Services LLC
(Firm/Company)

14359 Miramar Pkwy Suite 332
(Address)

Miramar FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Hina Cummins at 954 874-1718
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foreclosure Prevention Services LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14359 Miramar Pkwy
Suite 332
Miramar, FL 33027

Same

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

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

Name

Gina Cummings

14359 Miramar Pkwy Suite 332
Florida street address (P.O. Box **NOT** acceptable)

Miramar FL 33027
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..

Gina Cummings

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Gina Cummins
14359 Miramar Pkwy Suite 332
Miramar, FL 33027

MGR

Edward Cummins
14359 Miramar Pkwy Suite 332
Miramar FL 33027

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gina Cummins
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.)

Gina Cummins
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)

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TALLAHASSEE, FLORIDA

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