

L05000101438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

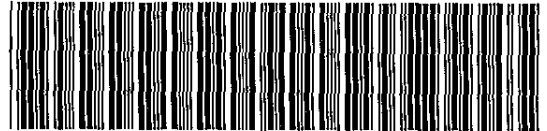
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Absolute Mortgage LLC*

Signature \_\_\_\_\_

Requested by: *mr*

Name

Date *10/13*

Time *4:30*

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Will Pick Up \_\_\_\_\_

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\_\_\_\_ Art of Inc. File  
\_\_\_\_ LTD Partnership File  
\_\_\_\_ Foreign Corp. File  
\_\_\_\_ L.C. File  
\_\_\_\_ Fictitious Name File  
\_\_\_\_ Trade/Service Mark  
\_\_\_\_ Merger File  
\_\_\_\_ Art. of Amend. File  
\_\_\_\_ RA Resignation  
\_\_\_\_ Dissolution / Withdrawal  
\_\_\_\_ Annual Report / Reinstatement  
\_\_\_\_ Cert. Copy  
\_\_\_\_ Photo Copy  
\_\_\_\_ Certificate of Good Standing  
\_\_\_\_ Certificate of Status  
\_\_\_\_ Certificate of Fictitious Name  
\_\_\_\_ Corp Record Search  
\_\_\_\_ Officer Search  
\_\_\_\_ Fictitious Search  
\_\_\_\_ Fictitious Owner Search  
\_\_\_\_ Vehicle Search  
\_\_\_\_ Driving Record  
\_\_\_\_ UCC 1 or 3 File  
\_\_\_\_ UCC 11 Search  
\_\_\_\_ UCC 11 Retrieval  
\_\_\_\_ Courier

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ABSOLUTE MORTGAGE LLC**

**ARTICLE II - Address:**

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

**RR4, Box 260  
Clinton, IL 61727**

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

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

**Richard M. Mogerman, Esq.  
Richard M. Mogerman, P.A.  
150 South Pine Island Road, Suite 130  
Plantation, Florida 33324**

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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 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

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

**ARTICLE V - Initial Members:**

The initial managers and/or members of the limited liability company are:

**Managers:**

- James C. Eggleton - 12040 Millen Drive, Fishers, IN 46038
- Andrew B. Robinson - RR4, Box 260, Clinton, IL 61727
- Bonnie L. Robinson - RR4, Box 260, Clinton, IL 61727

**Members:**

- The Bonnie L. Robinson Living Trust as Amended and Restated Under Trust Agreement dated February 11, 2005 - RR4, Box 260, Clinton, IL 61727
- James C. Eggleton - 12040 Millen Drive, Fishers, IN 46038

  
(An additional article must be added if an effective date is requested)

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 here in are true.)

**Richard M. Mogerman**