# L05000107788

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			
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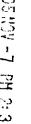
Office Use Only



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表现28年的一种说法。 (1152) \*\*\* (1151)





### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 26, 2005

SHAWN J. DAMBERGER 5602 LESSER DRIVE ORLANDO, FL 32818

SUBJECT: AFFORD A MORTGAGE LLC

Ref. Number: W05000048779

We have received your document for AFFORD A MORTGAGE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 24, 2005. Please amend your document accordingly.

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) 245-6853.

Letter Number: 205A00064878

Leslie Sellers Document Specialist

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# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: AFFO	RD A MORTGAGE	ELLC	
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
SHAWN	J. DAMBERGER		
	(1	Name of Person)	
AFFORD	A MORTGAGE L		
	(	Firm/Company)	
5602 LE	SSER DRIVE		
		(Address)	
ORLAND	OO, FL 32818	(Carte 1 7' - Ca 2 a)	
	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	
SHAWN J. DA	MBERGER	at (407) 927-844 (Area Code & Daytime Te	13
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:



## AFFORD A MORTGAGE LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## **ARTICLE II - Address:**

Principal Office Address:	Mailing Address:
5602 LESSER DRIVE	5602 LESSER DRIVE
ORLANDO, FL 32818	ORLANDO, FL 32818
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
	s of the registered agent are:
	s of the registered agent are:
The name and the Florida street address	s of the registered agent are:
The name and the Florida street address	s of the registered agent are:  SERGER  Name
The name and the Florida street address SHAWN J DAMB 5602 LESSER I	s of the registered agent are:  SERGER  Name
The name and the Florida street address SHAWN J DAMB 5602 LESSER I	s of the registered agent are:  BERGER Name  DRIVE a street address (P.O. Box NOT acceptable)

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 (REQUIRED)

(CONTINUED) Page 1 of 2

## 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	SHAWN J DAMBERGER 5602 LESSER DRIVE ORLANDO, FL 32818
(Use attachment if necessary)	
RTICLE V: Effective date, if other than f an effective date is listed, the date mus or 90 days after the date of filing.)	the date of filing: 11/1/2005 . (OPTIONAL)  t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a men	nber or an authorized representative of a member.
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

SHAWN J DAMBERGER

that the facts stated herein are true.)

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)