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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

## **COVER LETTER**

Division of Corp.						
SUBJECT: New		Horaga,	LLC.			
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
LIANET GARCIA-JALDES.						
NEW	FINANCE	Mortgage Firm/Company)	ile.			
220 71st Suite 211 (Address)						
Mi Ani Beach FC 33141 (City/State and Zip Code)						
	(City)	State and Zip Code)				
For further information concerning this matter, please call:						
LIGHT GARCIA-VALDES at (786) 3068963.  (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of	f Person)	(Area Code & Daytime To	elephone 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)			
	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	ns Circle			



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

October 26, 2005

LIANET GARCIA-VALDES 220 71ST SUITE 211 MIAMI BEACH, FL 33141

SUBJECT: NEW FINANCE MORTGAGE, LLC

Ref. Number: W05000048803

We have received your document for NEW FINANCE MORTGAGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Article III list the name and address of the Registered Agent. List the title of the person in Article IV and also the name of the City is not legible.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 905A00064921

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Register

ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Co  Principal Office Address:  Mailing Address:	ompai	ny is:
_220 71 st sintézil_7. Same. _ Mani Beach FL 35141	<u>-</u> -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)	lyen	SEC
The name and the Florida street address of the registered agent are:  Lianot Garcia Name	NOV 10 PH	RETARY OF ON CE CORF
Florida street address (P.O. Box NOT acceptable)	3: 24	SPOITS OF
City, State, and Zip  Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appoint	ted lir	nited
registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60	isions with	of all and

gnature (REQUIRED)

CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	•	Name and Address:	
President MGR.	g ivicinioci	Light BARCIA-V 220 FIST Sein Mann Beach	1AWES 10-24 1-PC 3314
	Paramal -	13\$10 SW 20 S Minamar FC 3302	> <del>/</del> >,
(Use attachment if ne	if other than the date		
if an effective date is listed, to or 90 days after the date of		cific and cannot be more than five bu	<b>05</b> ×s
REQUIRED SIGNA		naythorized representative of a member.	FILED STATES
(In a	accordance with section 6	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	<b>F</b> 05.0
_	Linvet & Typed or	DARCIA - Jaldes.  printed name of signee	
Filing Fees:			
\$125.00 Filing Fee fo	r Articles of Organization	on and Designation	

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)