

L06000011305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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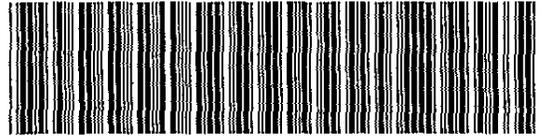
(Business Entity Name)

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**MARVIN E. ROOKS**  
ATTORNEY AT LAW

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174 W. COMSTOCK AVENUE, Suite 100  
WINTER PARK, FLORIDA 32789

*MAILING ADDRESS*  
POST OFFICE BOX 241  
WINTER PARK, FLORIDA 32790-0241

Please file the enclosed  
articles of Organization  
and return certificate to.

Marvin Rooks  
PO Box 241  
Winter Park Fl.  
32790

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

In Home Closings of Central Florida, L.L.C.

**ARTICLE II – Address:**

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

933 Pecan Street, Oviedo, Florida 32765

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

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

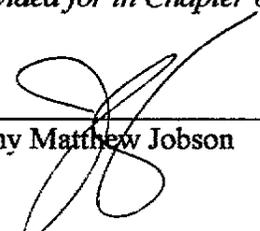
Jeremy Matthew Jobson  
933 Pecan Street  
Oviedo, Florida 32765

SECRETARY OF STATE  
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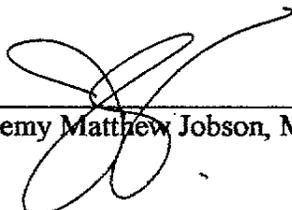
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.*

  
\_\_\_\_\_  
Jeremy Matthew Jobson

(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.)

  
\_\_\_\_\_  
Jeremy Matthew Jobson, Member