L06000015623

(Requestor's Name)
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06 FEB -3 PM 3: 5U SEURCIALISSEE, FLORIDA TAIT AHASSEE, FLORIDA

COVER LETTER

то:	Registration S Division of C			
SUBJE	ест: <u>Е</u> п	nancipation Mor (Name of Limited	Hage Company)	ny
The end	closed Articles	of Organization and fee(s) are se	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
		Niele Terry	Name of Person)	
		√ (Name of Person)	
		Emancipation	Mortgage Con Firm/Company)	mpany
		(Firm/Company)	7
	/	10620 SW.	46 th Court	
	,	Fort Landorday	le FL 3332	28
•		(City)	State and Zip Code)	
For fur	ther information	n concerning this matter, please	call:	
		_		
_1/	icole Nan	Pory	at (954) 444 (Area Code & Daytime To	-8665
	(Nan	ne of Pers on)	(Area Code & Daytime Te	elephone Number)
Enclos	ed is a check	for the following amount:		
□\$125	i.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Tallahassee, FL 32301	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

10670 S.W. Fort Lauderdo 33328	46th Court	10620 S. W Fort Lander 33378	V. 46 th Can	rt
(The Limited Liability Compa business entity with an active	ny cannot serve as its own Reg	red Office, & Registered gistered Agent. You must design e registered agent are:		
	Nam 10670 S. W. Florida street a Fort Landerd. City, State	46th Court address (P.O. Box NOT accept ale FL 33378	ptable) FLORIDA	PM 3: 50

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: February 1, 7006. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more man five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)