L060000 17317

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

Office Use Only



400065358234

06 FEB | 6 PM 4:

OFFEB 16 PH 4: 09

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02-16-06

NAME:

FIRST SOLUTION MORTGAGE HOLDINGS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL H

THE PRESENT OF EACH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLES OF THE STATE OF THE STATE

Compan

ARTICLE I - Name: The name of the Limited Liability Company is:	P. S. C.
First Solution Mortgage Holdings, LLC	
Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Comp
Principal Office Address:	Mailing Address:
3350 NW Boca Raton Blvd.	3350 NW Boca Raton Blvd.
Suite A26	Suite A26
Boca Raton, Florida 33431	Boca Raton, Florida 33431
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Louis Michael Gendason	
Name	

3350 NW Boca Raton Blvd., Suite A26 Florida street address (P.O. Box NOT acceptable) 33431 Boca Raton City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Louis Michael Gendason	
	3350 NW Boca Raton Blvd., Suite A	26
	Boca Raton, Florida 33431	
		<u> </u>
(Use attachment if necessary)		
(Ose attachment if necessary)		
CLE V: Effective date, if other than	the date of filing: N/A	(OPTIONAL)
	st be specific and cannot be more than fiv	
00 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 that the facts stated herein are true.)

Louis Michael Gendason

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)