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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MA	AIL.	
(Business Entity Name)		
(Document Number)		
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EFFECTIVE DATE 6/19/06

DEFALT OF STATE LYTEIDH OF LORPORATIONS TALLAHASSEEL FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FIRST Affinity Moetgage LIC. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Pamela Joyes-Smith		
(Name of Person) TIRST Affinity Mortgage Inc. (Firm/Company)		
124-A Salem Court		
Tallahasse, Florida 3230) (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850) 294-6089 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee & Certificate of Status \$\Bigsim \frac{1}{2}\$155.00 Filing Fee & Certificate of Status \$\Bigsim \frac{1}{2}\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
	- diff.	
(Must end with the words "Limited Liability Company, "Limited	QL LLC d)Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
124-A Salem Court Tallahassee, Fl. 32301	124-A Salem Court Tallahassee, Fl 32301	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
0. 11	0 110	
<u>ramea joni</u>	35 - 2M141)	
Name	^	
124-A Sal	em Couret	
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Jallahasse	FL 3-301	
City, State, a	nd 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		
MUM		
Registered Agent's Signat	ire (REQUIRED)	

(CONTINUED) Page 1 of 2

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.)

mela Jolles mith
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)