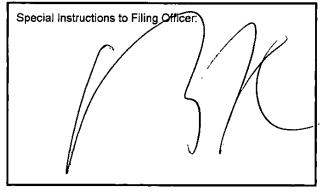
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status



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O6 DEC -5 PH 3: 10
SECRETARY OF STATE
ALLAHASSEE FINALE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cash for Houses 12C (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ron Benfield (Name of Person) (Firm/Company)
(Name of Person)
Hoiana, F. 32333 (City/State and Zip Code)
For further information concerning this matter, please call:
Ron Benfield at (850) 539-5171 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee} & \bigsquare \text{\$155.00 Filing Fee} & \bigsquare \text{\$160.00 Filing Fee}, \\ Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Division of Corrections Physician of Corrections

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGAN	ZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	Pro Contraction of the Contracti
The name of the Limited L	iability Company is:
	Total P
Cash for	Houses ILC Fig. 4
(Must end with the words "Limited	Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	reet address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
·	
To lo ho see G	Rest PKWY D-4251 2910 KERRY FOREST PKWY D-4251 32309 1allahassey, FT 32309
- January Fi	1 stories 1 stor
business entity with an active Flor	nnot serve as its own Registered Agent. You must designate an individual or another ida registration.) street address of the registered agent are:
<u> </u>	Name
	58 Sionx Circle
_	Florida street address (P.O. Box <u>NOT</u> acceptable)
	Havana FL 32333
į	City, State, and Zip
liability company at the registered agent and agree statutes relating to the pr	place designated in this certificate, I hereby accept the above stated limited place designated in this certificate, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions of all oper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 608, F.S
. !	Ros Bld
R	egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manage "MGRM" = Manage		Name and Address:
_		2: - :
<u>mGRm</u>		Holam Gelder 2910 Kerry Forest PKWY D-4251 Tallahassee, A 32309
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Use attachment is	1	date of filing: (OPTION
LE V: Effective d	ate, if other than the ed, the date must be te of filing.)	date of filing: (OPTION e specific and cannot be more than five business da
LE V: Effective d fective date is liste days after the dat REQUIRED SIG	ate, if other than the ed, the date must be te of filing.) SNATURE:	e specific and cannot be more than five business da
LE V: Effective d fective date is liste days after the dat REQUIRED SIG	ate, if other than the ed, the date must be te of filing.) SNATURE:	date of filing: (OPTION e specific and cannot be more than five business date of a member.
LE V: Effective d fective date is listed days after the date REQUIRED SIG	ate, if other than the ed, the date must be te of filing.) CNATURE: Signature of a member (In accordance with secondance)	e specific and cannot be more than five business da Line of an authorized representative of a member. Strion 608.408(3), Florida Statutes, the execution
LE V: Effective d fective date is listed days after the date REQUIRED SIG	ate, if other than the ed, the date must be te of filing.) CNATURE: Signature of a member (In accordance with secondance)	e specific and cannot be more than five business da Line of an authorized representative of a member. Strion 608.408(3), Florida Statutes, the execution in the same affirmation under the penalties of perjury
LE V: Effective d fective date is listed days after the date REQUIRED SIG	Signature of a member of this document constitute that the facts stated here.	e specific and cannot be more than five business days of an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution interest an affirmation under the penalties of perjury lerein are true.)
LE V: Effective difective date is listed days after the date date days after the date date days after the date days after the	Signature of a member of this document constitute that the facts stated here.	e specific and cannot be more than five business da Line of an authorized representative of a member. Strion 608.408(3), Florida Statutes, the execution in the statutes an affirmation under the penalties of perjury