Florida Department of State

Division of Corporations Public Access System

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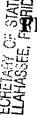
Division of Corporations

Fax Number : (850) 205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694 Fax Number : (305)633-9696



ORIDA/FOREIGN LIMITED LIABILITY CO.

chase mortgage center, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	E	Ţ.	Na	ne:

The name of the Limited Liability Company is:

CHASE MORTGAGE CENTER, LLC

(Must end with the words "Linuited Liability Company, "Limited 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:	
17100 Collins Avenue	17100 Collins Avenue	
Suite 110	Suite 110	
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160	
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:	JISTAIB 1935
Victor K. Rones		差型
Na	me .	TAR EREC
16105 N.E. 18th Ave	nue A	
Florida street	address (P.O. Box NOT acceptable)	STA
North Miami Beach	FL 33162	TIONS TE
City, Stat	te, and Zip	<u>~</u>

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

PHILOCOCOLOH

8411CCCCOTOH

Title: "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:
MGRM	Paul Michael King
•	17100 Collins Avenue, #110
	Sunny Isles Beach, FL 33160
	, <u> </u>
f	
(Use attachment if necessary)	z.
LE V: Effective date, if other than the flective date is listed, the date must be	date of filing: (OPTIONATE or specific and cannot be more than five business days
days after the date of filing.)	
DEATHDED CYCNATION	
<u>REQUIRED</u> SIGNATURE:	

(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 signec

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)

Paul Michael King

that the facts stated herein are true.)

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