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(Requestor's Name)

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(City/State/Zip/Phone #)

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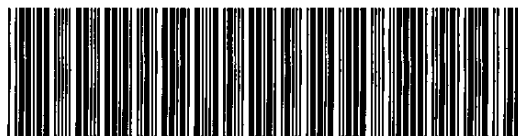
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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DIVISION OF REVENUE  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Foreclosure Solutions, LLC  
(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:

George L. McCormick, Esq.  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1002 62nd St. S.  
(Address)

Gulfport FL 33707  
(City/State and Zip Code)

For further information concerning this matter, please call:

George L. McCormick at (727) 421-7346  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA FORECLOSURE SOLUTIONS, LLC  
A Limited Liability Company**

**ARTICLE I - NAME:**

The name of the limited liability company is: FLORIDA FORECLOSURE SOLUTIONS, LLC.

**ARTICLE II - ADDRESS:**

The mailing address and principal office of the limited liability company is:

6245 12<sup>th</sup> Avenue S.  
Gulfport, FL 33707

**ARTICLE III - REGISTERED AGENT:**

The name and address of the registered agent are:

George L. McCormick  
1002 62<sup>nd</sup> Street S.  
Gulfport, FL 33707

**OATH OF REGISTERED AGENT:**

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, Florida Statutes.



Registered Agent

*George L. McCormick*

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ARTICLE IV - MANAGER MEMBER(S)

The name of each Manager or Manager Member is as follows:

Title:	Name and Address:
<u>MGRM</u>	Madelane Guenther 6245 12 <sup>th</sup> Avenue S. Gulfport, FL 33707

ARTICLE V - EFFECTIVE DATE:

The effective date of these Articles shall be the date of filing hereof.

ARTICLE VI - PURPOSE:

The purpose of the limited liability company shall be to carry on any lawful business which the company shall elect to carry on.

ARTICLE VII - TAX STATUS:

The company shall elect to be classified as an association taxable as a corporation, and will elect to be treated under Subchapter S of the Internal Revenue Code.

THESE ARTICLES ratified this 9<sup>th</sup> day of July, 2007, by:

  
\_\_\_\_\_  
Signature of Manager Member

MADELANE GUENTHER  
\_\_\_\_\_  
Printed name of Manager Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true)