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SECRETARY OF STATE

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COVER LETTER

	COVERE	BIIDK		
TO: Registration S Division of Co				
SUBJECT:	THE MORTO (Name of Limited L	46-E ASS 157 (ability Company)	ANT, LIC	
The enclosed Articles of	f Organization and fee(s) are subn	nitted for filing.		
Please return all corresp	ondence concerning this matter to	the following:		
	THE MORT (Fin	A J KE177- ne of Person) GAGE ASSIS n/Company) OTREET Address)	<u>≨</u> 9 .6	
	LARGO AL	33773	- w	
*	(City/Sta	te and Zip Code)		
For further information of TONYA (Name	concerning this matter, please call KEITH at (: (707) <u>687</u> (Area Code & Daytime Tele	6340 ephone Number)	
		\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building	; 	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2007

TONYA J KEITH 11720 104TH STREET LARGO, FL 33773

SUBJECT: THE MORTGAGE ASSISTANT, LLC

Ref. Number: W07000055409

We have received your document for THE MORTGAGE ASSISTANT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, For Florida Statutes, was amended effective July 1, 2007, to require the name of all limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is neceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P01000119392.

The title must be MGR(MANAGER) or (MANAGING MEMBER), P01000119392

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas

Regulatory Specialist II

Letter Number: 407A00065268

SECRETABY OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE MORTGAGE ASSISTANT ON-Line, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

121/14 CTDE

LARGO FL 33773 LARGO FL 33773	<u> </u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate an individual business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	# Q	
TONYA J. KEITH	F STATE FLORID	•
11720 104th STREET	≫'''	۲
Florida street address (P.O. Box NOT acceptable)		

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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR-Manager	Tonya J. Keth 11730 104th Street Cargo Pl 33773 BECANTARY OF STATE ANDA REPLACEMENTAL SEE: FLORIDA
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing:
MEQUINED SIGNATURE.	
	Sound IKeth per or an authorized representative of a member.

Filing Fees: