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(Requestor's Name)		
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(C	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of \$	Status
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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Howard Street Mortgag	e Group, LL	C .
		ited Liability Comp	
The en	closed Articles of Organization and fee(s) are	e submitted for filin	g.
Please	return all correspondence concerning this ma	atter to the following	g :
	James W. Prevatt, Jr.		
		(Name of Person)	
	The Prevatt Law Firm, P.A.		
		(Firm/Company)	
	P. O. Box 310		
		(Address)	
	Live Oak, FL 32064		
	(C	ity/State and Zip Cod	e)
For fur	ther information concerning this matter, pleas	se call:	
Rich	ard W. Calvitt	_ _{at (} 386	364-8497 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclos	ed is a check for the following amount:		
] \$125.0	00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOWNER D. A. D.		
ARTICLE I - Name: The name of the Limited Liability Company is:		
the same of the Zimited Zimenny Company is:		
Howard Street Mortgage Group, LL	С	
(Must end with the words "Limited Liabilit		
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	•
203 E. Howard Street	P. O. Box 502	
Live Oak, FL 32064	Live Oak, FL 32064	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individ	
Richard W. Calvitt		
Name		
203 E. Howard Street	t	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	
Live Oak	FL 33064 :	•
City, State, an	d Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the I further agree to comply with t formance of my duties, and I am	e appointment as the provisions of all familiar with and
Registered Agent's Signatur	re (REQUIRED)	200 TAI
	•	08 FEB 15

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	ber
MGRM/MGR	Richard W. Calvitt
	P. O. Box 502
	Live Oak, FL 32064
·MGRM	Theresa M. Calvitt
	P. O. Box 502
	Live Oak, FL 32064
•	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
•	
(Use attachment if necessary	·
(Oso attachment in the Ossary)	,
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
(If an effective date is listed, the date	e must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
·	
REQUIRED SIGNATURE	:
N	N. ald
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.) Richard W. Calvitt

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA