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J. BRYAN

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**EXAMINER** 

# **COVER LETTER**

	stration Se sion of Co						
SUBJECT:	Foreclo	sure Advisors Pl	us, LLC.				
		(Name of Limi	ted Liability Compa	iny)	, , , , , , , , , , , , , , , , , , ,	-	
The enclosed	Articles of	Organization and fee(s) are	submitted for filing	3.			
Please return a	all correspo	ondence concerning this ma	ter to the following	:			
Mar	co Pale	ermo					
			(Name of Person)				=
Fore	eclosur	e Advisors Plus,	LLC				
			(Firm/Company)				-
7002 Hiawassee Overlook Dr.					_	(* <u>-</u>	
(Address)				<del>- 200</del> - ⊒≭	. Visio		
Orla	Orlando, Florida,32835					08 MAR 19	22. 22. 25.
(City/State and Zip Code)							CON
For further inf	ormation c	oncerning this matter, pleas	e call:			AM 9: 38	CONVISION OF CORPORATIONS
Marco Palermo			at ( 407	234-917	72	œ	XS.
<del></del>	(Name o	of Person)		& Daytime Te	lephone Number)	•	
Enclosed is a	check for	the following amount:					
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}		atus &	)				
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	urier Address on Section of Corporation uilding cutive Center ee, FL 32301	as		



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2008

MARCO PALERMO 7002 HIAWASSEE OVERLOOK DRIVE ORLANDO, FL 32835

SUBJECT: FORECLOSURE ADVISORS, LLC

Ref. Number: W08000010740



We have received your document for FORECLOSURE ADVISORS, LLC and your check(s) totaling \$155.00. 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, Florida Statutes, was amended effective July 1, 2007, to require the name of a 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 not acceptable. 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 #L01000013639, FORECLOSURE ADVISORS, LLC.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 908A00012794

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<b>5:</b>	•
Foreclosure Advisors Plus, LLC.  (Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
7002 Hiawassee Overlook Dr. Orlando, FL 32835  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual	
Marco Palermo		ي ي ک <b>8</b>
Name		MAR
7002 Hiawassee Ov	verlook Dr.	OF C
· ·	ddress (P.O. Box <u>NOT</u> acceptable)	A PP
Orlando	FL 32835	STATE ORATION 9: 38
City, State,  Having been named as registered agent and to  liability company at the place designated in  registered agent and agree to act in this capaci  statutes relating to the proper and complete p  accept the obligations of my position as reg	accept service of process for the above this certificate, I hereby accept the ap ity. I further agree to comply with the performance of my duties, and I am fan	ve stated limited pointment as provisions of al niliar with and

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marco Palermo
	7002 Hiawassee Overlook Dr.
	Orlando, FI 32835
MGR	Will Bland
	6425 Agastia Ct Unit 105
	Orlando, FI 32835
	DIVISION OF CONTRACT OF CONTRA
	<b>3</b> 200
	STA OR ALL
	3 TE
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 3/12/2008 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	L BC
Signature of a membe	r or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
Marco Palerm	10
	ped 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)