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SECRETARY OF STAIL OIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: B, F, O, Mortgage, "LLC"  (Name of Limited Lightlity Company)				
(Ivanie of Diffined Elebrary)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Judi Haynesworth (Name of Person)				
B.F. O. Enterprise				
8953 S. W. 7 <sup>th</sup> St.  (Address)				
(Address)				
Boca Raton, FL 33433 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Judi Haynesworth at 954 790 - 7329 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee  \$\times \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Filing Fee} & } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

B.F. O. Hor tgage LLC "  (Must end with the words "Lindited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	y is:			
Principal Office Address: Mailing Address:				
8953 S.W. 7 <sup>tr</sup> St. P.O. Box 880062 Boca Paton, FL 33433 Boca Paton, FL 33433				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	DIVIS			
The name and the Florida street address of the registered agent are:  Judi Hayne Sworth  Name	CRETARY ION OF C			
8953 S.W. 7 <sup>th</sup> S.H.  Florida street address (P.O. Box NOT acceptable)  Boca laton FL 33433  City, State, and Zip	EO OF STATE ORPORATION			

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

## 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	Name and Address:
	"MGRM" = Managing Member	
	"MGR"	Judi Haynesworth 8953 S. W. Hr St. Boca Raton, FL 33433
	<del></del>	
	(Use attachment if necessary)	
(If an	ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	
	Juai k	taynosuorto
		r or an authorized representative of a member.
	(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury series are true.)
	Judi f	ped of 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)