

Division of Corporations

**LD8000043990**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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MAY - 2 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Custom Builder Mortgage Services, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CUSTOM BUILDER MORTGAGE SERVICES, LLC

**ARTICLE II - Address:**

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

255 SOUTH ORANGE AVENUE, FIRST FLOOR  
ORLANDO, FLORIDA 32801

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

*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

**Madonna Cuddihy**  
**Special Assistant Secretary**

**Article IV - Manager(s) or Managing Member(s):**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each Manager is as follows:

**Title:**  
MGR

**Name and Address:**  
BRANCH BANKING AND TRUST COMPANY  
200 WEST 2<sup>ND</sup> STREET  
WINSTON-SALEM, NORTH CAROLINA 27101

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

\_\_\_\_\_  
THOMAS A. MANN II  
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)

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