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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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.07/24/08--01018--013 **125.00 Effective Date 07/21/08

SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

JUL 25 2008

EXAMINER

COVER LETTER

	egistration S ivision of Co				
SUBJECT	MSC	MORTGAGE F	PLUS		
SUBJECT	,		ted Liability Compa	iny)	
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing	<u>;</u> .	08 JUL 24 AM
Please retur	n all corresp	ondence concerning this mat	ter to the following	:	
M	ARIA S	CALCANO-GO	ONZALEZ		24
			(Name of Person)		3
M:	SC MC	RTGAGE PLU	IS		
	-		(Firm Company)		
10	230 DI	ENBY CT			
			(Address)		
OF	RLAND	O, FL 32817			
		(Cit	ty State and Zip Code)	
For further i	information c	concerning this matter, please	e call:		
				222.26	40
WAKIA		CANO-GONZALEZ	at (Area Code	232-36 & Daytime Tele	enhane Number)
	(*********		(w isa, ame ren	prone ryumour,
Enclosed is	s a check for	the following amount:			
▼ \$125.00 F	iling Fee	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		Certificate of Status &	
		Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Division of Clifton Bu 2661 Execution 1	of Corporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CI	. F.	[_]	Na	me.

The name of the Limited Liability Company is:

MSC MORTGAGE PLUS, L.L.C.,

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

ARTICLE II - Address:

Deinging Office Address.

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

Mailing Adduses.

Tincipal Office Audiess.	Maning Address:	
10230 DENBY CT	10230 DENBY CT	
ORLANDO, FL 32817	ORLANDO, FL 32817	

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.)

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

Effective Date 07/21/08

MARIA S CALCANO-GONZALEZ

Name

10230 DENBY CT

Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL 32817

City, State, and Zip

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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	MARIA S CALCANO-GONZALEZ 10230 DENBY CT ORLANDO, FL 32817	
		OB JUL
		? gre
		FSTATIONS FORMATIONS
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: Joly 21ST 2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Maria S. Calcano-Gonzalez

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)