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Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

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## COVER LETTER

| TO:             | Registration<br>Division of C |   |   | ,  |
|-----------------|-------------------------------|---|---|--|
| SURI            | ECT. Home                     | eowner Foreclosur   | e Assistance U.S.A., I  | LLC  |
| 0000            |                               |   | ited Liability Company)   |  |
| The er          | nclosed Articles              | of Organization and fee(s) are  | submitted for filing.   |  |
| Please          | return all corres             | pondence concerning this ma   | tter to the following:  |  |
|                 | Bruce J. F                    | -<br>rey  |   |  |
| *               |                               |   | (Name of Person)  |  |
|                 | Homeowi                       | ner Foreclosure A   | ssistance U.S.A., LLC   |  |
|                 |                               |   | (Firm/Company)  |  |
|                 | 2283 Mar                      | seilles Drive   |   |  |
|                 |                               |   | (Address)   |  |
|                 | Palm Bea                      | ich Gardens, FL   | 33410   |  |
|                 |                               | (Ci   | ty/State and Zip Code)  | ······································   |
| For fur         | ther information              | concerning this matter, pleas   | e call:   |  |
| Bruc            | e J. Frey                     |   | at 561 775-0402   | 2  |
|                 | (Name                         | e of Person)  | (Area Code & Daytime Tele   | phone Number)  |
| Enclos          | sed is a check for            | or the following amount:  |   |  |
| <b>]</b> \$125. | 00 Filing Fee                 | S130.00 Filing Fee & Certificate of Status  | Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                 |                               | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | ircle  |

Tallahassee, FL 32301

## CLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Homeowner Foreclosure Assistance U.S.A., LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** 2283 Marseilles Drive 2283 Marseilles Drive Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410 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: Robert Kanjian 314 Clematis Street, Suite 201 Florida street address (P.O. Box NOT acceptable) West Palm Beach FL 33401 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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   |
|--|---|
| MGRM   | Bruce J. Frey   |
|  | 2283 Marseilles Drive   |
|  | Palm Beach Gardens, FL 33410  |
| MGRM   | Stephen Lovas   |
| The later than the la | 111 Spinnaker Lane  |
|  | Jupiter, FL 33477   |
|  |   |
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| (Use attachment if necessary)  |   |
| CLE V: Effective date, if other than the effective date is listed, the date must be  | e date of filing: (OPTIONAL<br>be specific and cannot be more than five business days   |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:   | e date of filing: (OPTIONAl be specific and cannot be more than five business days  |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with se   | be specific and cannot be more than five business days  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution  titutes an affirmation under the penalties of perjury  |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute that the facts stated by Bruce J. Frey   | be specific and cannot be more than five business days  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution  stitutes an affirmation under the penalties of perjury  herein are true.)                                  |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated by Bruce J. Frey  | be specific and cannot be more than five business days  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution  titutes an affirmation under the penalties of perjury herein are true.)                                    |
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| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated because of the facts  | be specific and cannot be more than five business days  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)  // yped or printed name of signee |

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