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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

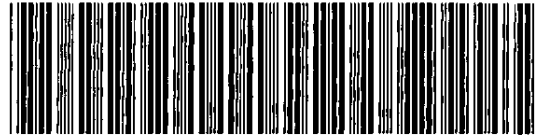
(Business Entity Name)

(Document Number)

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08 OCT - 8 AM 8:35
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreclosure Management Strategies LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Lou Zawacki

(Name of Person)

(Firm/Company)

113 Middleton Place

(Address)

Ponte Vedra Beach, FL 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Lou Zawacki

(Name of Person)

at (

904

285-5407

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Circle
Tallahassee, FL 32301

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FLORIDA
DIVISION OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foreclosure Management Strategies 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:

113 Middleton Place

Ponte Vedra Beach, FL 32082

Mailing Address:

113 Middleton Place

Ponte Vedra Beach FL 32082

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:

Patrice Linville

Name

960 Ponte Vedra Blvd

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

Ponte Vedra Beach, FL 32082

City, State, and Zip

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CLERK OF STATE

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..

Patrice D. Linville

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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