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SECRETARY OF STATE

C. LEWIS

OCT 212008

EXAMINER

* COVER LETTER

Division of Corporations	
_{SUBJECT:} Freedom Loan Sol	utions, LLC
	imited Liability Company)
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Todd Durand	
-	(Name of Person)
Freedom Loan Solution	ons, LLC
	(Firm/Company)
200 Congress Park D	rive, Suite 201
	(Address)
Delray Beach, FL 334	45
	(City/State and Zip Code)
For further information concerning this matter, p	lease cali:
Todd Durand	_{at (} 561 ₎ 276-4606
· (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee Certificate of Status	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

FILED 2008 OCT 20 AH 11: 20

DETARY OF STATE Y

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIZEBLEIS COMPANY					
ARTICLE I - Name: The name of the Limited Liability Company is:					
Freedom Loan Solutions, LLC					
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is: Mailing Address:				
200 Congress Park Drive	200 Congress Park Drive				
Suite 201	Suite 201				
Delray Beach, FL 33445	Delray Beach, FL 33445				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) The pages and the Elevide street address of the company cannot serve as its own Registation.)	stered Agent. You must designate an individual or another				
The name and the Florida street address of the	registered agent are:				

Madeline Evans-Ervin, Esq.

200 Congress Park Drive, Suite 201

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

Delray Beach

33445

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 fobligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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THE TOPE I	VIANAUPPIST OF WIAN	naging Member(s):	•	State
The name and a	0 17	ger or Managing Member is as fol	lows: 2008 OCT 20	AM I
00141		N7 1 A 1 1	TARA OCT TO	
Title:		Name and Address:	SECRETARY	Ut :
"MGR" = Mana			SECRETARY TALLAHASSE	£.11
"MGKM" = Ma	nnaging Member		••	
MGR		Todd Durand		
	200 Congress Park Drive, S	uite 201		
		Delray Beach, FL 33445		
MGR		John K. Woods		
		200 Congress Park Drive, Sui	te 201	
		Delray Beach, FL 33445		
	 			
(Use attachmen	t if necessary)			
(Use attachment	t if necessary)			
`		e date of filing:	. (OPTION	NAL)
	e date, if other than the	e date of filing:		
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LE V: Effective fective date is li days after the d	e date, if other than the isted, the date must be date of filing.) HGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a section 608.408(3), Florida Statutes, the estitutes an affirmation under the penalties	an five business d	
LE V: Effective fective date is li days after the d	e date, if other than the isted, the date must be date of filing.) HGNATURE: Signature of a member of this document constitute the facts stated be determined.	er or an authorized representative of a section 608.408(3), Florida Statutes, the estitutes an affirmation under the penalties	an five business d	

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)