

L08000101047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

L08-101047

2081-55358



300136752253

10/28/08--01018--020 \*\*125.00

FILED RECEIVED  
08 OCT 28 PM 2:03  
08 OCT 28 PM 2:00  
SECRETARY OF DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 28 2008

EXAMINER

COVER LETTER

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SUBJECT: FORECLOSURE SERVICES UNLIMITED, LLC.

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

Please return all correspondence concerning this matter to the following:

JOHN M. BAKER  
806 WEST COLUMBUS DRIVE  
TAMPA, FL 33602

For further information concerning this matter, please call:

JOHN M. BAKER  
TELE: 813 309 9988  
FAX: 813 301 8841

Enclosed is a check for \$125.00 for Filing Fee.

X

  
\_\_\_\_\_  
JOHN M. BAKER

**FILED**  
08 OCT 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:  
FORECLOSURES SERVICES UNLIMITED, LLC

ARTICLE II- Address:

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

Street Address:

Company is:

FORECLOSURE SERVICES UNLIMITED, LLC  
806 WEST COLUMBUS DRIVE  
TAMPA, FL 33602

Mailing Address:

FORECLOSURE SERVICES UNLIMITED, LLC  
806 WEST COLUMBUS DRIVE  
TAMPA FL 33602

ARTICLE III: Registered Agent, Registered Office, Registered Agent's Signature:

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

JOHN M. BAKER  
806 WEST COLUMBUS DRIVE  
TAMPA FL 33602

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:

X

  
JOHN M. BAKER

ARTICLE IV: Manager or Managing Member:

The name and address of each Manager or Managing member is as follows:

TITLE:

MANAGING MEMBER

Name and Address of Managing Member:

JOHN M. BAKER

FILED  
08 OCT 26 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

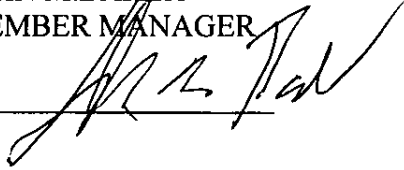
806 WEST COLUMBUS DRIVE  
TAMPA FL 33602

ARTICLE V: Effective date is the date of filing.

REQUIRED SIGNATURE:

JOHN M. BAKER  
MEMBER MANAGER

X

A handwritten signature in black ink, appearing to read "John M. Baker", is written over a horizontal line.

**FILED**  
08 OCT 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA