

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000101951
FILED 8:00 AM
October 30, 2008
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
TRUE LOSS MITIGATION SPECIALISTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2835 SW 91ST ST.
SUITE 300
GAINESVILLE, FL. 32608

The mailing address of the Limited Liability Company is:
PO BOX 2287
LAKE CITY, FL. 32056

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CHRISTOPHER J CURRY
2835 SW 91ST ST.
SUITE 300
GAINESVILLE, FL. 32608

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.

Registered Agent Signature: CHRISTOPHER J. CURRY

Article V

The name and address of managing members/managers are:

Title: MGRM
CHRISTOPHER J CURRY
2835 SW 91ST ST.
GAINESVILLE, FL. 32608

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Signature of member or an authorized representative of a member

Signature: CHRISTOPHER J. CURRY