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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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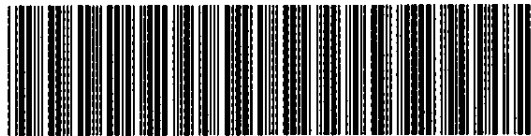
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
DEC 10 2008  
EXAMINER

FILED  
08 DEC -9 AM 8:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 819873 7576589

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 9, 2008

ORDER TIME : 4:0 PM

ORDER NO. : 819873-005

CUSTOMER NO: 7576589

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: FORECLOSURE MANAGEMENT, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
Of  
FORECLOSURE MANAGEMENT, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **FORECLOSURE MANAGEMENT, LLC.**

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

825 Kokomo Key Lane  
Delray Beach, FL 33483

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

Michael Hockton  
825 Kokomo Key Lane  
Delray Beach, FL 33483

*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.*

By: \_\_\_\_\_

Registered Agent's Signature

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**ARTICLE IV  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is therefore, a Manager-Managed company. The following are the names and addresses of the Managing Managers:

MGRM - Michael Hockton  
825 Kokomo Key Lane  
Delray Beach, FL 33483

MGRM - Grahame Hockton  
747 Connestee Road  
West Palm Beach, FL 33413

**ARTICLE VI  
ADMISSION OF ADDITIONAL MEMBERS**

The member(s) of this Limited Liability Company shall have the right to admit additional members.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

DATED: 12/9/08

  
\_\_\_\_\_  
Signature of Authorized Representative  
Michael Hockton