

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

L09000014078  
FILED 8:00 AM  
February 11, 2009  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

HOMEOWNERS RELIEF AND RESOLUTION PARTNERSHIP, LLC

**Article II**

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

5768 FALLING TREE LANE  
PORT ORANGE, FL. 32127

The mailing address of the Limited Liability Company is:

5768 FALLING TREE LANE  
PORT ORANGE, FL. 32127

**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 SCALF  
25 LOUISBURG LANE  
PALM COAST, FL. 32137

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 SCALF

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CHRISTOPHER J SCALF  
25 LOUISBURG LANE  
PALM COAST, FL. 32137

Title: MGRM  
RICHARD PUGLISI  
5768 FALLING TREE LANE  
PORT ORANGE, FL. 32127

Title: MGRM  
DEBRA CRAWFORD  
5768 FALLING TREE LANE  
PORT ORANGE, FL. 32127

Title: MGRM  
WILLIAM J NIXON  
5 CRESCENT LAKE WAY  
ORMOND BEACH, FL. 32174

Title: MGRM  
LINDA C JOHNSON  
5 CRESCENT LAKE WAY  
ORMOND BEACH, FL. 32174

## **Article VI**

The effective date for this Limited Liability Company shall be:

02/11/2009

Signature of member or an authorized representative of a member

Signature: CHRISTOPHER J SCALF

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