# L09000077938

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
· (Business Entity Name)
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(Document Number)
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Chaniel Instructions to Filipp Officer
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C. LEWIS

AUG 1 3 2009

EXAMINER

### **COVER LETTER**

TO:	Registration Division of C	section Corporations	
SUBJI	ЕСТ:		l Default Mitigation L.L.C.
		Name of Limit	ted Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corre	spondence concerning this mat	ter to the following:
		к	evin A. Lynfatt
			Name of Person
		Commercial	Default Mitigation L.L.C.
			Firm/Company
		4809 E. I	Busch Blvd. Ste# 208
			Address
	**		mpa, Fl 33617
			y/State and Zip Code
		E-mail address: (to be used	att@yahoo.com for future annual report notification)
For fur	ther informatio	n concerning this matter, pleas	e call:
		in A. Lynfatt e of Person	at (727)251-3452 Area Code & Daytime Telephone Number
Enclos	ed is a check	for the following amount:	
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\subseteq \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$\subseteq \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compa	any is:	
	ault Mitigation L.L.C.	
(Must end with the words "Limite	ed Liability Company,""L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
4809 E. Busch Blvd. Ste# 208	4809 E. Busch Blvd. Ste# 208	
Tampa, FL. 33617	Tampa, FL 33617	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another	
The name and the Florida street address of	of the registered agent are:	FILE 2009 AUG 12
Kev	rin A. Lynfatt 呈習	
	Name	
4809 E. Bu	isch Blvd. Ste# 208	T STAFF
Florida street addres	ss (P.O. Box NOT acceptable)	5 <del>-</del>
Tampa, FI 336	17 <sub>FL</sub> දි	話る
City,	State, and Zip	<b>▽</b>
Having been named as registered agent a	and to accept service of process for the above stated	! limited

(CONTINUED)

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..

#### Page 1 of 2

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

ARTICLE IV- Manager(s) or Managing Member(s):

## FILED

2009 AUG 12 AM 11: 13

SECRETARY OF STATE ALL AHASSEE, FLORIDA

"MGR" = Manager "MGRM" = Managing Member    MGRM	$^{11}MCD^{11} - Max$		Name and Address:	TALLAHASSEE
MGRM  Edwin Jean-Pierre  (Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing: 8/7/2009 (OPTIONAL)  f an effective date is listed, the date must be specific and cannot be more than five business days pror 90 days after the date of filing.)  REQUIRED SIGNATURE:  (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.)  Kevin A. Lynfatt  Typed or printed name of signee				
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing: 8/7/2009 (OPTIONAL) f an effective date is listed, the date must be specific and cannot be more than five business days pror 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (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.)  Kevin A. Lynfatt  Typed or printed name of signee	MGKM = M	anaging Member		
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	MGRM	<del></del>	Kevin A. Lynfatt	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:				
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RTICLE V: Effective date, if other than the date of filing:	(Has attachmen	· · · · · · · · · · · · · · · · · · ·		
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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)