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SECRETARY OF STA

M. THOMAS

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Home Fore	closure Alternatives LLC
		submitted for filing. From rejected Name Foreclosure advisor LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corresp	condence concerning this mat	ter to the following: From volecular to the following:
		Lynn Hunt
-		Name of Person
	Home Fore	closure Alternatives LLC
	1	Firm/Company
	10733	B Mirasol Dr #212
		Address
	Ft N	/lyers, FL 33913
		y/State and Zip Code
		33/0 5
	E-mail address: (to be used :	for future annual report notification)
For further information	concerning this matter, please	má-z
Ly	nn Hunt	at (239) 333-8222 For
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	Paid 3 Foreclosure advisor LLC advisor LLC advisor Filing Fee & \$160.00 Filing Fee, W0900004322
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	at (239) 333-8222 Area Code & Daytime Telephone Number Series Para Code & Daytime Telephone Number Series Para Code & Daytime Telephone Number Series Para Code & Daytime Telephone Number Para Code & Daytime Telephone Number
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2009

LYNN HUNT 10733 MIRASOL DR #212 FT MYERS, FL 33913

SUBJECT: FORECLOSURE ADVISOR LLC

Ref. Number: W09000043228

We have received your document for FORECLOSURE ADVISOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L01000013639.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00031485

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
Home Foreclosure /	Alternatives LLC bility Company," "L.L.C.," or "LLC."	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
10733 Mirasol Dr#212 Ft Myers, Florida 33913	10733 Mirasol Dr #212 Ft Myers, Florida 3391	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an	
Lynn Nam	Hunt	
10733 Mira	isol Dr #212 O. Box NOT acceptable)	FIL F 2009 OCT 22 SECRETARY TALLAHASSI
Ft Myers	FL 33913	ARY SSI
City, State,		E P
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as registered Agent's Sign	n this certificate, I hereby acce city. I further agree to comply performance of my duties, and	ept the appointment as with the provisions of all I I am familiar with and

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member MGM Lynn Hunt 10733 Mirasol Dr#212 Ft Myers, Florida, 33913 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 10/15/2009 (OPTIONAL effective date is listed, the date must be specific and cannot be more than five business 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.) Lynn Hun1 Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)		ger	
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