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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/08/10--01051--009 **125.00

01/25/10--01017--004 **25.00

10 FEB -8 AM ID: 28
SECRETARY OF STATE
TALL AHASSEE, FLORIC

D. BRUCE

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2010

BRANDON BROTSKY 3145 NE 184TH ST., UNIT 5106 AVENTURA, FL 33160

SUBJECT: HOME FORECLOSURE PREVENTION GROUP LLC

Ref. Number: L09000066801

10 FEB -8 AM 10: 29
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

We have received your document for HOME FORECLOSURE PREVENTION GROUP LLC and your check(s) totaling \$25.00. 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.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 810A00002100

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2. Line of the company of the compan	TO: Registration Section Division of Corporations			
	SUBJECT: MOKTGMUE (Name of Resulting	TOKENSICS LLC ng Elorida Limited Company)		
	The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.			
	Please return all correspondence concerni	ng this matter to:	<u>, </u>	
	BRANDON BROTSK (Contact Person) (Firm/Company)		10 FEB	
·. -	3145 NE 184TH ST #5 (Address)	•		
	City, State and Zip Code BBROTSKY C ARLGNOW E-mail Address: (to be used for future annual	. com	IO: 29 STATE FLORIDA	
	For further information concerning this n	•		
	(Name of Contact Person) Enclosed is a check for the following amount	(Area Code and Daytime Telephor		
	\$150.00 Filing Fees \$25 for Conversion \$125 for Articles of Organization \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certificate of	y, and	
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	-··	All St. Malamadia
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		

Other:Business:Entity" Into --- --Elorida-Limited-Liability-Company This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes. 1. The name of the "Other Business-Entity" immediately prior to the filing of this Certificate of Conversion is: -MORTGAGE FORENSICS INC (Enter Name_of_Other Business Entity) 2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of --- (Enter state, or if a non-U.S. entity, the name of the country) 12-03-09 (Enter date "Other Business Entity" was first organized, formed or incorporate 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: FLORIDA 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MORTGAGE FORENSICS LLC (Enter-Name of Florida Limited-Liability-Company) 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

and the same of th		we are shown a sub-order		
Signed this 4. day o	FEBLUARY 20-1			
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Signature of Member or A	uthorized-Representative of	cimited Liability (Company:	مرابد ومقات مستعدد
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Printed Name:	horized Representative: Title:	MNGR		
Frinted Name:	TWO THE	PINUR		
Signature(s) on behalf of Ot	her Business Entity: [See belo	w for required sig	nature(s).]	
Signature:			•	
	m. BROTSIG Title:	1000		
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If Florida Corporation:			\vec{A}_{∞}	
	Chairman, Director, or Officer.			٠.
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Signature of one General Part	ner.			17 *
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	nip or Limited Liability Limit	ed Partnership:	<u>22</u> 23	
Signatures of <u>ALL</u> General Pa	artners.		. A	
All others:				
Signature of an authorized per	· · · · ·			
	3011.	-		
Fees:	indication a grant substance and specific area.			
Certificate of Conver	sion: \$25.00	1		
Fees for Florida Artic	cles of Organization:\$125.0			
Certified-Copy:	—	(Optional)		
Certificate of Status:		(Optional)		

PARALICUES O EORGANIZATIONEZO RELEORIDA ENVILLEDIDA BILLEY EO MIRANY

ARTICLE I - Name:

The name of the Limited Eiability-Company-is:

MORTOMUE FORENSICS LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited

Liability-Company-is:

Principal Office Address:

=Mailing Address:

3145 NE 184TH ST #5106-

SAME AS OFFICE HODRESS

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate individual or another

business entity with an active Florida registration.)

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

BRANDON BROTSKY

3145 NE 184TH ST. #5106
Florida street address (P.O. Box NOT acceptable)

AVENTURA # FL 33160

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

	Pitle:	Name and Address:
	'MGR" = Manager 'MGRM" = Managing-Mem	ber
	MOR	BELLANDON BROTSKY
' 15		3145 NE 1847 ST. #1510 INVENTURA, FL 33160
		
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CONTRACTOR OF THE PROPERTY OF	201 L 20 . V . Ministerior and the	and the second s
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_		<u>. </u>
		- Name -
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 ARTICI	LE V: Effective date, if other	
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(The efformation (The e	ective date: 1) cannot be p nt is filed by the Florida Dective date_listed_in_the_att isted therein.) REQUIRED SIGNATURE Signature of a member of this_document constitut that the	rior to nor more than 90 days after the date this epartment of State; AND 2) must be the same as ached Certificate of Conversion, if an effective or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution its an affirmation under the penalties of return the facts stated herein are true.
(The efformation (The e	ective date: 1) cannot be p nt is filed by the Florida Dective date_listed_in_the_att isted therein.) REQUIRED SIGNATURE Signature of a member of this_document_constituthat the	rior to nor more than 90 days after the date this epartment of State; AND 2) must be the same as ached Certificate of Conversion, if an effective or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)