

**L10000034640**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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10 MAR 30 AM 10:32  
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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**foreclosure housing solutions, llc**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

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**J. BRYAN**

MAR 31 2009

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3/30/2010

**EXAMINER**

COVER LETTER

H10000071721

TO: Registration Section  
Division of Corporations

SUBJECT: Foreclosure Housing Solutions, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Kelman  
Name of Person

Foreclosure Housing Solutions, LLC  
Firm/Company

2101 Vista Parkway, #124  
Address

West Palm Beach, FL 33411  
City/State and Zip Code

garysfunding@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Kelman at (561) 386-1878  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foreclosure Housing Solutions, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

2101 Vista Parkway, #124 (Same)  
West Palm Beach, FL  
33411

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gary Kelman  
Name  
2101 Vista Parkway, #124  
Florida street address (P.O. Box NOT acceptable)  
West Palm Beach, FL 33411  
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.

Gary Kelman  
Registered Agent's Signature (REQUIRED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Gary Kelman  
2101 Vista Parkway, #124  
West Palm Beach, FL 33411

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:                     . (OPTIONAL.)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Gary Kelman  
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.)

Gary Kelman  
Typed or printed name of signer

**Filing Fees:**

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

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**PURPOSE OF LLC:**

Foreclosure Housing Solutions, LLC, provides 100% admin support for foreclosure defense for attorneys. The company provides total support from interviewing, file processing, billing, collections and monthly support.

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