

L11000114845

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EXAMINER



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SECRETARY OF STATE
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CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 937315 7695230

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -6 AM 9:28

ORDER DATE : October 6, 2011

ORDER TIME : 1:50 PM

ORDER NO. : 937315-005

CUSTOMER NO: 7695230

DOMESTIC FILING

NAME: TAMPA MORTGAGE, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa Mortgage, L.L.C.

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

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DIVISION OF CORPORATIONS
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ARTICLE II - Address:

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

Principal Office Address:

1311 Enclave Drive
Rockledge, Florida 32955

Mailing Address:

1311 Enclave Drive
Rockledge, Florida 32955

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:

Jennifer Praino

Name

1311 Enclave Drive

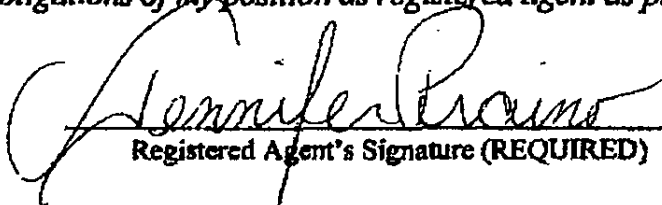
Florida street address (P.O. Box NOT acceptable)

Rockledge

FL 32955

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)

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

Robert Tiefenbacher
23 Laauwe Avenue
Wayne, New Jersey 07470

MGRM

David S. North
41 Basswood Terrace
Wayne, New Jersey 07470

(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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Tiefenbacher

Typed or printed name of signee

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)