

# L12000025741

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6393

## From:

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

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

Email Address: \_\_\_\_\_

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**FLORIDA LIMITED LIABILITY CO.  
REO RESCUE FLORIDA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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

**REO RESCUE FLORIDA LLC**

**ARTICLE I**

**The Name of the Limited Liability Company shall be:  
REO RESCUE FLORIDA LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a  
limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
limited liability company is :**

**1300 CORAL WAY SUITE 301  
MIAMI, FL 33145**

**ARTICLE IV**

**The name of the Manager (s) shall be:**

**MANAGER  
REO RESCUE, INC.  
1300 CORAL WAY SUITE 301  
MIAMI, FL 33145**

**ARTICLE V**

**The name and florida street address of the registered agent:**

**THOMAS P. MURPHY  
1300 CORAL WAY SUITE 301  
MIAMI, FL 33145**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

REO RESCUE FLORIDA LLC  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability company at the place designated in the articles of organization, 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.

Tom Murphy  
Signature of Registered Agent

Tom Murphy  
Signature of a member or an authorized representative of a member.

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(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.)

THOMAS P. MURPHY  
Typed or printed name of signee

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