

L12000070299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

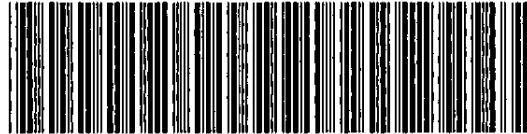
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05/16/12--01005--022 **125.00

05/16/12--01005--023 **5.00

FILED
12 MAY 22 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2012

KNOWLAN DAWSON
10524 MOSS PARK ROAD, STE. 249
ORLANDO, FL 32832

SUBJECT: HOMEOWNERS EXAMINATION LOAN PARTNERS LLC
Ref. Number: W12000027843

We have received your document for HOMEOWNERS EXAMINATION LOAN PARTNERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 912A00014749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEOWNERS EXAMINATION LOAN PARTNERS, 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:

KNOWLAN DAWSON

Name of Person

HOMEOWNERS EXAMINATION LOAN PARTNERS, LLC

Firm/Company

10524 MOSS PARK ROAD SUITE 249

Address

ORLANDO, FL 32832

City/State and Zip Code

HELPCORDEL@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KNOWLAN DAWSON at (407) 371-8781

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOMEOWNERS EXAMINATION LOAN PARTNERS, 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:

10524 MOSS PARK Rd
Suite 249
ORLANDO, FL 32832

Mailing Address:

10524 MOSS PARK Rd.
Suite 249
ORLANDO, FL 32832

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:

KAREN WEST
Name
501 MAIN STREET
Florida street address (P.O. Box **NOT** acceptable)
WINDEMERE FL 34786
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..

Karen West
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

MGRMMGRM**Name and Address:**JAMES BURKE
10524 MOSS PARK RD. Suite 249
ORLANDO, FL 32832KNOWLAN DAWSON
10524 MOSS PARK RD. Suite 249
ORLANDO, FL 32832

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 20, 2012 (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.)

KNOWLAN DAWSON

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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 TALLAHASSEE, FLORIDA