

L16000037487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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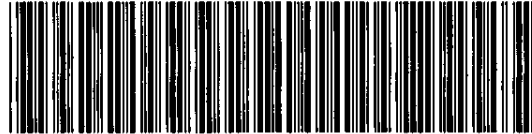
Special Instructions to Filing Officer:

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16 FEB 19 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2015

JAMES GRIFFIN
1600 BALTIMORE AVE 3RD FLOOR
RIVERDALE, MD 20737

SUBJECT: HOMEFREE USA FINANCE LLC
Ref. Number: W15000067524

RECEIVED NOV 6 4 2015

We have received your document for HOMEFREE USA FINANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00021550



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 10 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2015

JAMES GRIFFIN **2ND MAILING**
1600 BALTIMORE AVE 3RD FLOOR
RIVERDALE, MD 20737

SUBJECT: HOMEFREE USA FINANCE LLC
Ref. Number: W15000067524

We have received your document for HOMEFREE USA FINANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00021550

COVER LETTER

Document number
~~W15000067527~~

TO: Registration Section
Division of Corporations

SUBJECT: HomeFree USA Finance, 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:

James Griffin
Name of Person

HomeFree USA
Firm/Company

6200 Baltimore Ave. 3rd Floor
Address

Riverdale, MD 20737
City/State and Zip Code

barbara.uzzi@homefreeusa.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Uzzi-Patti 561 573-8723
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Document number
~~WT5000067594~~

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HomeFree USA Finance 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:

6200 Baltimore Ave.
3rd Floor
Riverdale, MD 20737

Mailing Address:

1904 SW Golf Lane
Boynton Beach, FL
33426

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:

Barbara J. Saldivar
Name
1401 Village Blvd 1918
Florida street address (P.O. Box **NOT** acceptable)
West Palm Beach, FL 33409
City State Zip

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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 605, F.S..

Barbara J. Saldivar
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Document number
W15000067504

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

Barbara Uzzi-Patti

4690 Palis Verde Dr.

Baynton Beach, FL 33436

Barbara J. Saldívar

1401 Village Blvd 1918

West Palm Beach, FL 33409

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Barbara Uzzi-Patti

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Barbara Uzzi-Patti

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)