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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| | New Filing Section Division of Corporations | | | | | | | |
|------------|---|-------------------|---|--|--|--|--|--|
| CUDIEC | Franklin Mortgage & Trust Core. | npany, LLC | | | | | | |
| SUBJEC | T: Name | of Limited Liabi | ility Company | | | | | |
| The enclo | osed Articles of Organization and fed | e(s) are submitte | d for filing. | | | | | |
| Please ret | turn all correspondence concerning t | his matter to the | following: | | | | | |
| | Brian A. Bolves | | | | | | | |
| | | Name o | ri Person | | | | | |
| | Manson Bolves Donaldson & Va | ırn, PA | | | | | | |
| | Firm/Company | | | | | | | |
| | 109 N. Brush Street Suite 300 | | | | | | | |
| | | Add | Iress | | | | | |
| | Tampa, Florida 33602 | | | | | | | |
| | bbolves@mansonbolves.com. | City/State a | nd Zip Code | | | | | |
| | | e used for future | annual report notification) | | | | | |
| or further | information concerning this matter, | please call: | | | | | | |
| | Brian Bolves | 813 at (| 5144700 | | | | | |
| | Name of Person | | Daytime Telephone Number | | | | | |
| Enclosed | is a check for the following amount | : | | | | | | |
| \$125.00 | Filing Fee \$130.00 Filing Fe Certificate of Stat | us LCerti | .00 Filing Fee & S160.00 Filing Fee. Gertificate of Status & Certified Copy (additional copy is enclosed) | | | | | |
| | Mailing Address | | Street Address | | | | | |
| | New Filing Section Division of Corporations | | New Filing Section Division of Corporations | | | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Franklin Mortgage & Trust Company, LLC (Must contain the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") |
|---|--------------------------------------|
| RTICLE II - Address: | |
| Refronting address and street address of the principal office | of the Limited Liability Company is: |
| D : 1 4000 111 | |
| Principal Office Address: | Mailing Address: |
| 109 North Brush Street #300 | 109 North Brush Street #300 |
| Tampa, Florida 33602 | Tampa, Florida 33602 |
| | ··· |
| | |

D: + D 1 - P

Name

109 North Brush Street #300

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

Tampa Florida 33602
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the blace 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 im familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JAN 10 PM 3: 07

ARTICLE IV-

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

| Title: | | Name and Address: | | |
|--|---|---|----------------------------|--------|
| "AMBR" = Authorized | Member | | | |
| "MGR" = Manager | | Daine Dalace | | |
| Manager | • | Brian Bolves 3 Sunny Point Terrace | | |
| | | Oldsmar, Florida 34677 | | |
| | | Oldsmar, Florida 5+077 | | |
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| (Use attachment if nece | ssarvi | | | |
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