

L95000000656

LAWRENCE R. STEINER, P.A.

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95 AUG 22 10 13 AM
TALLAHASSEE, FLORIDA

August 17, 1995

EFFECTIVE DATE
9-1-95

300001565723
-08/22/95--01033--001
***337.50 ***337.50

Secretary of State
State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32304

ATTENTION: DIVISION OF CORPORATIONS

Re: Maximum Financial, L.C.

Dear Sir:

Enclosed herewith please find an original and one(1) copy of Articles of Incorporation for the above limited liability company, along with our check of \$337.50, which represents:

1. Filing fees	250.00
2. Certified copy	52.50
3. Registered Agent	35.00

\$337.50

Please return a certified copy to this office.

Thank you.

Sincerely,

Barbara Steiner

BARBARA STEINER
Legal Assistant

BS:hl
encl.

51
8/28

EFFECTIVE DATE
9-1-95

ARTICLES OF ORGANIZATION
OF
MAXIMUM FINANCIAL, L.C.

ARTICLES I - NAME

The name of this limited liability company is MAXIMUM
FINANCIAL, L.C.

ARTICLE II - PURPOSE

The general nature of the business to be transacted by the limited liability company shall be to carry on the business of investments in residential mortgage brokerage businesses; and to have and exercise all of the powers now or hereafter conferred by the laws of the State of Florida upon limited liability companies organized pursuant to the laws under which this limited liability company is organized and any and all acts, amendatory thereof and supplemental thereto.

ARTICLE III - DURATION

The period of this limited liability company's duration shall be a period not to exceed thirty(30) years from September 1, 1995, or the date of filing of these Articles of Organization with the Florida Department of State, whichever is later.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The initial address of this limited liability company's place of business is 320 W. Sabal Palm Place, Longwood, Florida 32779, and the name and address of the initial registered agent of this limited liability company at that address is David Olson. The mailing address of the limited liability company and its registered office is the same as above.

ARTICLE VI - CONTRIBUTION

The total amount of cash or property to be initially contributed to the limited liability company is \$45,000.00. No other property shall be initially contributed. The members have agreed to make any additional contributions in accordance with the regulations to be adopted by the limited liability company from time to time.

ARTICLE VII - ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members by unanimous vote of all current members to be effective upon such prospective members agreeing in writing to assume any obligations of a member which may be set forth in the regulations adopted by the limited liability company from time to time.

ARTICLE VIII - CONTINUATION OF BUSINESS

The business of the limited liability company shall continue notwithstanding the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which results in the termination of the continued membership of a member in this limited liability company, provided all of the remaining members shall agree in writing.

ARTICLE IX - MANAGER

The limited liability company may be managed by a manager or managers selected from time to time by a majority of the members. The initial manager and his address who shall serve

until the first annual meeting of the members or until their successor is duly elected and qualified are:

David Olson
320 W. Sabal Palm Place
Longwood, Florida 32779

IN WITNESS WHEREOF, the undersigned as subscriber has executed these Articles of Organization this 18th day of August, 1995.


DAVID OLSON

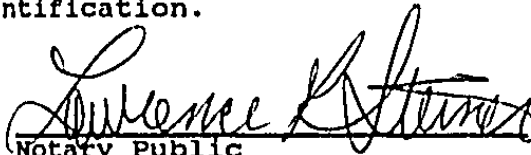
STATE OF FLORIDA

COUNTY OF SEMINOLE

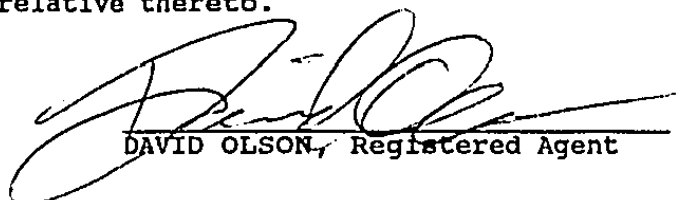
The foregoing instrument was acknowledged before me this 18th day of August, 1995, by DAVID OLSON who is personally known to me or who has produced N/A as identification.



LAWRENCE R. STEINER
My Commission CC274222
Expires Apr 11 1997
Bonded By ANG
800-852-5878


Notary Public
My commission expires:
(SEAL)

Having been named registered agent to accept service of process for the above-stated limited liability company, at the place designated in the articles, I hereby accept to act in this capacity, and agree to comply with the provisions of the Florida Statutes in all matters relative thereto.


DAVID OLSON, Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF SEMINOLE

The undersigned member or authorized representative of
a member of MAXIMUM FINANCIAL, L.C. deposes and says:

1. The above named limited liability company has at
least two(2) members.
2. The total amount of cash contributed by the members
is \$45,000.00.
3. If any, the agreed value of property other than
cash contributed by members is \$-0-. A description of the
property is attached and made a part hereto if applicable.
4. The total amount of cash or property anticipated to
be contributed by members is \$45,000.00. This total includes
amounts from 2 and 3 above.


DAVID OLSON

Sworn to and subscribed before me this 18th day of
August, 1995, by DAVID OLSON, who is personally known
to me or who has produced a driver's license as identification.


Notary Public

My commission expires:
(Seal)



LAWRENCE R. STEINER
My Commission CC274222
Expires Apr 11 1997
Bonded By ANB
800-852-5878

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 22 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L95000000656

1. Name and Mailing Address
of Limited Liability Company

MAXIMUM FINANCIAL, L.C.
320 W. SABAL PALM PLACE
LONGWOOD FL 32779

1a. Principal Place of Business Address

320 W. SABAL PALM PLACE
LONGWOOD FL 32779

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

09/01/1995

3a. State of Formation

FL

4. FET Number

59-3341984

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ 7a. Additional Fee Required ☐

7. Name and Address of Current Registered Agent

OLSON, DAVID
320 W. SABAL PALM PLACE
LONGWOOD FL 32779

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (If 11) Registered Agent's signature required when resigning

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

OLSON, DAVID

320 W. SABAL PALM PLACE

LONGWOOD FL

ENCLOSURE 17-01-1995
04/24/96 - 11025 1119
****236.75 ****236.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *David Olson*

Mgr. David Olson

4-18-96

407 862 3825