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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Accredited Financial Mortgage Services LLC

☐ Walk In

☐ Pick Up Time

☒ Certified Copy

☐ Mail Out

RUSH

☐ Certificate of Status

☐ Will Wait

☒ Certificate of Good Standing

☐ Photocopy

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership <u>LLC</u>
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

<input checked="" type="checkbox"/>	Availability	<u>met</u>
<input checked="" type="checkbox"/>	Document Examiner	<u>met</u>
<input checked="" type="checkbox"/>	Updater	<u>met</u>
<input checked="" type="checkbox"/>	Updater Verifier	<u>met</u>
<input checked="" type="checkbox"/>	Acknowledgement	<u>met</u>
<input checked="" type="checkbox"/>	W. P. Verifier	<u>met</u>

98 SEP -8 PM 2:24

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP -8 AM 11:34

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Ordered By: _____

Date: _____

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

The name of the Limited Liability Company is: Accredited Financial Mortgage Services, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2139 Highway 35, Holmdel, NJ 07733-9920.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

Stephen P. Boyle
2139 Highway 35
Holmdel, NJ 07733-9920

ARTICLE V - Affidavit of Membership and Contributions

The undersigned member of Accredited Financial Mortgage Services, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member is \$25,000;
- 3) if any, the agreed value of property other than cash contributed by the member is \$0;
- 4) the total amount of cash and property contributed and anticipated to be contributed by the member is \$25,000.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen P. Boyle

Type or printed name of signee

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Filing Fee: \$250.00 for Articles and Affidavit

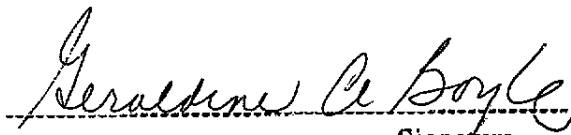
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Accredited Financial Mortgage Services, L.L.C.
2. The name and the Florida street address of the registered agent are:

Geraldine A. Boyle
1445 Wood Lake Circle
St. Cloud, FL 34772

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 unfamiliar with and accept the obligations of my position as registered agent.


Signature

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Filing fee: \$35 for Designation of Registered Agent