

LO0000007498

FACSIMILIE COVER SHEET

Best Rate Mortgage Services
P.O. Box 380001
Murdock, Fl. 33938
Phone: 941-629-3279
Fax: 941-255-0198

\$150.00

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-06/13/00--01082-019
****150.00 ****150.00

SEND TO/ AN/ A L'ATTENTION DE Company Name/ Firmname/ Société FLORIDA DEPT. OF STATE	Form/ Von/ De ROD KREINBRINK
Attention/ Zu Händen von/ A l'attention de BRENDA	Date/ Datum/ Date 6-27-00
Fax Number/ Fax Nr./ N° de fax 850-410-1015	Phone Number/ Telefon/ N° de tél. (941) 629-3279

- Urgent/ Dringend/ Urgent
- Reply ASAP/ Rückantwort/ Réponse urgente attendue
- Please Comment/ Erledigung/ Commentaires attendus
- Please Review/ Überprüfung/ A vérifier
- For your information/ Kenntnisnahme/ Copie pour information

Total pages, including cover sheet. **2**
Anzahl der übermittelten Seiten inkl. Deckblatt
Nombre de pages (Page de garde incluse)

6/15/00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 15 AM 2:16

COMMENTS/ ANMERKUNGEN/ COMMENTAIRES

BRENDA, FOLLOWING IS THE ARTICLE OF ORGANIZATION.

orig. signed for 6/13/00 - WLF

THANKS FOR YOUR HELP.

Rod Kreinbrink

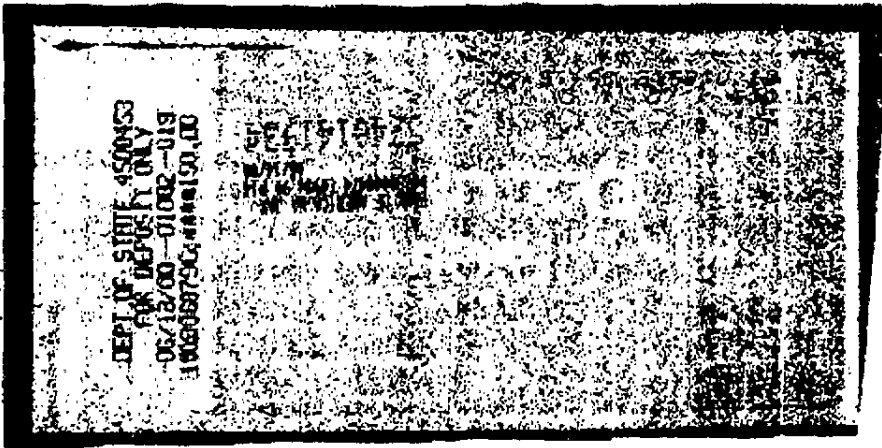
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A. P. Verifier	

*WLF 6/27
mead L-7498*

FF \$125.00
Ces 5.00
OP 20.00

06/13/00 01082 019



ROD KREINBRINK 316
3970 BRAVO ROAD 541-020-3775
PORT CHARLOTTE FL 33941

630

DATE 6-12-00

PAY TO THE ORDER OF *Florida Dept of State* \$ 150 ⁰⁰/₁₀₀

One hundred fifty dollars DOLLARS

Florida Central Credit Union

MEMO *SEC - 0501156* *Red M...*

⑈0005100000⑈ 0E90 ⑈9519905R000000⑈00E94E99⑈

JUN 26 2000 5:05PM

NO. 102 P. 4/4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST RATE MORTGAGE SERVICES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. BOX 380001
MURDOCK, FLORIDA. 33938-0001

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ROD KREINBRINK
Name
3870 BRAVO ROAD
Florida street address (P.O. Box NOT acceptable)
PORT CHARLOTTE, FL 33953
City, State, and Zip

00 JUN 15 PM 2: 16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

[Handwritten Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Handwritten 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.)

ROD KREINBRINK
Typed or printed name of signee

- FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)