## 140 E 39 t S + 406-NY, NY 10016 Phone #

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DÖCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) <b>2000046485429</b> -10/22/0101074008  ****155,00 ****155.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy C
Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Photocopy  Certificate of Strus 2  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mieko W. lloughby Name

4440 Sandpebble Trace #402
Florida street address (P.O. Box NOT acceptable)

240 E. 39th St., Ste. 406, NewYork, NY 10016

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

**ARTICLE I - Name:** 

ARTICLE II - Address:

The name of the Limited Liability Company is:

LCS Mortgage Services, LLC

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

Having been named as registered agent and to accept service of process for the above sliability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60.  Registered Agent's Signature	ment as ovisions or with a	s of al	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managet therefore, a manager - managed company.	gers and	is,	
(An additional article must be added if an effective date is requested)  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.)  Typed or printed name of signee	SECRETARY OF STATE	01 0CT 22 PM 5: U	FILED

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)