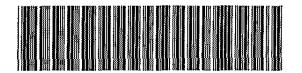
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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Dc	cument Number)	
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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The Law Offices of Kaufman, Englett and Lynd, P.A. WWW.KELATTORNEYS.COM

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1230 Douglas Avenue, Suite 302 Longwood, Florida 32779 407-786-9888 • Fax 407-786-4756 Toll Free 877-419-3523

600 Brickell Ave., Suite 503 Miami, Florida 33131 305-424-0525 * Fax 305-424-0526 Toll Free 866-300-5429 1007 S. Washington Avenue Titusville, Florida 32780 321-269-0350 • Fax 321-385-0640 Toll Free 800-333-8332

6550 N. Wickham Rd., Suite 5 Melbourne, Florida 32940 321-757-0805 • Fax 321-751-1610 Toll Free 800-333-8332

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343 East Bay Street Jacksonville, Florida 32202 904-353-9858 • Fax 904-353-9859 Tolf Free 888-848-6767 H. William Vazquez, Esq. Michael Kelley, Esq. Kristine Rosendahl, Esq. Terrance R. Rooth, Esq. Robert A. Flynn, Esq.* Catherine A. Medling, Esq. M. Gabriela Muñoz, Esq. C. Chad Cronon, Esq.

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Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: Filing for Nicole Williams

To Whom It May Concern:

Please find enclosed a check in the amount of \$160.00. The break down of fees is as follows: \$100.00 filing fee for Articles of Incorporation, \$25.00 designation of Registered Agent, \$30.00 Certified Copy and \$5.00 Certificate of Status. Please feel free to contact my office with any questions at (407)481-2535. I would like to thank you in advance for your time and attention to this matter.

Very Best,

C. Chad Cronon

Enclosure CCC/idw

S. STEWN SECTION STREET, CANADA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Preferred Closers, L.L. C.
The mailing address and street address of the principal office of the Limited Liability Company is:
2101 West State Road 434, Suite 109, Longwood fc 3277. ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Nicole Williams
2101 West State Road 434, Suite 109 Florida street address (P.O. Box NOT acceptable)
Longwood FL 32779 City, State, and Zip
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, Fig.
Régistered Agent's Signature
(An additional article must be added if an effective date is requested) Signature of a member of 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.)
Nicole L. Williams 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)