

L030000 16734



11870 West State Road 84  
Suite #5  
Davie, Florida 33325

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

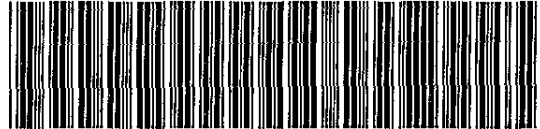
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700018819307

05/16/03--01034--004 \*\*25.00

W6/4

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -4 PM 12:18

Sp



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2003

RELIABLE CLOSINGS OF FLORIDA, LLC  
% ALLEGIANCE TITLE OF FLORIDA, INC.  
11870 WEST STATE ROAD 84, SUITE #5  
DAVIE, FL 33325

SUBJECT: RELIABLE CLOSINGS OF FLORIDA, LLC  
Ref. Number: L03000016734

We have received your document for RELIABLE CLOSINGS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Because your registered agent must sign specific language in order to be listed as agent, you must complete, sign, and return the enclosed blankform. This form will be filed along with your articles of correction, and there is no additional fee due.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 503A00031453

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -4 PM 12:18

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Reliable Closings of Florida LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

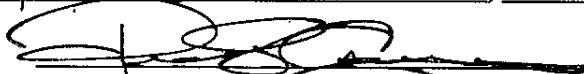
I Filed on line 5/12/03 # 400018585274. THE REGISTERED AGENT SHOULD  
BE RODOLFO J. CACERES 5446 NW 204 St. Miami, FL. 33055. Dreamhouse Mortgage  
which is the current R. A., I thought that was a referral Section, or an Already  
R. A. Please correct or call (754) 650-7463 / Document # L03000016734

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed the appropriate correction is as follows:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -4 PM 12:18

Dated: 5/12/03



Signature of a member or authorized representative of a member

RODOLFO J. CACERES

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Reliable Closings
2. The mailing address of the limited liability company is : 11870 W STATE Rd 84  
DAVIE, FL 33325 #C-5
3. Date of filing/registration in Florida 5/9/2003
4. Document number 603000016734

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DREAMHOUSE MORTGAGE  
Name  
1200 S PINE Island Rd.  
Address  
PLANTATION, FL 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

ROBERTO J. CACERES  
Name  
5446 NW 20th ST  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33055  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -4 PM 12:18

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

ROBERTO J. CACERES  
(Printed or typed name of signee)

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L03000016734  
FILED 8:00 AM  
May 09, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:  
RELIABLE CLOSINGS OF FLORIDA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11870 WEST STATE RD 84  
C5  
DAVIE, FL. 33325

The mailing address of the Limited Liability Company is:  
11870 WEST STATE RD 84  
C5  
DAVIE, FL. 33325

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
DREAM HOUSE MORTGAGE  
1200 S PINE ISLAND RD  
370  
PLANTATION, FL. 33324

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.

Registered Agent Signature: JORGE SAFONT

**Article V**

The effective date for this Limited Liability Company shall be:  
05/10/2003

Signature of member or an authorized representative of a member  
Signature: RODOLFO CACERES

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN - 4 PM 12:18