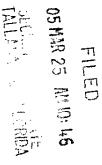
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	TIAW [MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	<u></u>		

Office Use Only



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T. Brumbley MAR 29 7

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: BE	Name of Limited	OSINA SEYV Liability Company)	ices, LLC
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Selen S	Jame of Person)	
Belo	en's Clos	Sima Service	es, LLC.
111	Bring Aux	enue, Suite	PH15
P	ompano B	each, FLO	11da 33062
For further information	concerning this matter, please	call:	5760 5
Belen	Sanche 2 of Person)	at (954	
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Belen's Closing	Services, LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
III Bring Avenue, Suite PHIS Pompuno Beach, FLorida 33062 ARTICLE III - Registered Agent, Registered	Pompano Beach, Florida 33062 8 Office, & Registered Agent's Signature:
III Briny Aue	nue, Suite PH15 ress (P.O. Box NOT acceptable)

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..

Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager.	Belen Sanchez 111 Briny Avenue, APT PHIS Pompano Beach, Fl 33062
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	tion 608,408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury free erein are true.)
	EN SANCHEZ
Тур	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent	nization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)