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EXPRESS CORPORATE FILING SERVICE INC.
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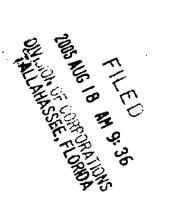
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):



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NEW FILINGS

Profit

NonProfit

Limited Liability

Domestication

Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS

Annual Report

Fictitious Name

Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials

CR2E031/9/92)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT ARTICLE I - Name: The name of the Limited Liability Company is: COUNTYWIDE HOME INSURANCE AGENCY LLC. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 2711 S. W 137 AVE 2711 S. W 137 AVE Suite 99 Suite 99 Miami, Florida 33175 Miami, Florida 33175 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: **ELI CESAR** Name

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.

Miami, FL 33175

A ELI CESAR

Registered Agent's Signature

2711 S. W 137 AVENUE, STE. 99

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR"= Manager "MGRM" Managing Member	Name and Address:	THIS WIS
ELI CESAR	670 N. W 129 PL	96 6 C
	Miami, Florida 33182	TOP S
JUAN RUIZ	2795 S. W 112 AVE	
	Miami, Florida 33165	× 0
EVELIO ARREGOITI.	P. O. BOX 527223	
	Miami, Florida 33152	
		
(Use attachment if necessary)		_
,	e effective as of date of its f State.	

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 lighting are true.

ELI CESAR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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