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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: LDC Natio	onal Closing Coordi	inators, LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles of Or	gamzation and fee(s) are so	abmitted for filing.	
Please return all correspond	ence concerning this matte	r to the following.	
Laura D. Care		Name of Person)	MISOCT 21 PM 12: 59 DISALLAHASSEE, FLORIDA
LDC National	·		E POTO
LDC National	Closing Coordina		
6301 Indiana		Firm Company)	SEE, TO
<u> </u>	YVEILUE	(Address)	
New Port Ric	chey, FL 34653	(Address)	ROAS
	(Cny/	(State and Zip Code)	
For further information cond	cerning this matter, please	call.	
Laura D. Carey		er, 727 , 207-511	4
(Name of F	Person)	(Area Code & Daytime Te	
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Tee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D	Mailing Address tegistration Section Division of Corporations O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: LDC National Closing Coordinators, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C." **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 16301 Indiana ave New Port Richey, FL 34653 10301 Indiana Que New Port Richey, FL 34653 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Andrew Kaloski Name 7373 Orpine Dr. N. Florida street address (P.O. Box NOT acceptable) St. Petersburg FL 33702 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, F.S.. Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address: mber
MGRM	Laura D. Carey 6301 Indiana Que New Port Richey, FL 34653
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	SSEE, FLOR
	D
LE V: Effective date, if oth fective date is listed, the date	er than the date of filing: Oct 14, 2005 . (OPTION to must be specific and cannot be more than five business d
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing	er than the date of filing: <u>Oct 14, 2005</u> . (OPTION te must be specific and cannot be more than five business deg.)
LE V: Effective date, if oth fective date is listed, the dadays after the date of filing REQUIRED SIGNATUR	er than the date of filing: <u>Oct 14, 2005</u> . (OPTION te must be specific and cannot be more than five business deg.)
fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doctary)	er than the date of filing: Oct 14, 2005 . (OPTION te must be specific and cannot be more than five business des.) E: Canonic

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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