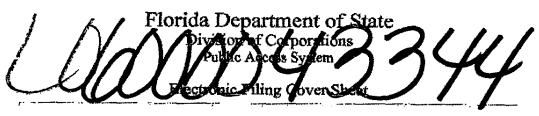
FAX NO. :3052201440

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To:

FROM : LAZARUS

DIVISION OF CORPORATIONS

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Family Circle Mortgages LLC

	ഗ	NO	Certificate of Status	0
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			Page Count	03
			Estimated Charge	\$155.00
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Corporate Filing Menu profice Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Family Circle Mortgages LCC (Must and with the words "Linkted 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: Mailion Address:
Miami Lakes, FL 330 IS Miami Lakes FL 330 IS
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
The name and the Florida street address of the registered agent are:
Aldov. Komero
12380 SW 193 St Florida street address (P.O. Box NOT acceptable)
Mi Ami FL 33177 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 FROM : LAZARUS

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" - Manager "MGRM" - Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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 perjuty that the facts stated herein are true.) yped 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 5.00 Certificate of Status (Optional)

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