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FROM: AKERMAN, SENTERFITT & EIDSON

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From:

Rosa Wong, Paralegal  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MORTGAGE OUTSOURCE SERVICES I, LLC**

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SECRETARY OF STATE  
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**ARTICLES OF ORGANIZATION  
OF  
MORTGAGE OUTSOURCE SERVICES I, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **MORTGAGE OUTSOURCE SERVICES I, LLC.**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

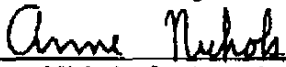
**1221 Brickell Avenue  
Suite 2660  
Miami, Florida 33131**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Anne Nichols  
1221 Brickell Avenue, Suite 2660  
Miami, Florida 33131**

*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.*

  
\_\_\_\_\_  
Anne Nichols, Registered Agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
James Driscoll, 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 herein are true.)

**James Driscoll**  
\_\_\_\_\_  
Typed or printed name of signee