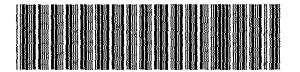
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

COVER LETTER

SECRETARY OF TALLAHASSEE LAND

TO: Registration Section Division of Corporations

SUBJECT: A Better Deal Mortgage Company
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elinor	Alpert			•	
	(Name	of Person)	2	, 4, 3	e. 47
A Batter Ded	Mortgage Girm	Company)	of_	florida	LIC
9305 Water of	ylen lan	e	, . .	Prost = 1	· . :
Jacksonville	FL (City/State	32256 and Zip Code)	 -		*

For further information concerning this matter, please call:

Elinor Alpert	at(843_) 588-6154
(Name of Person)	(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE I - Name:
The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Mailing Address:

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:

Name

9305 Waterglen Lane

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

Suck sonville FL 32256

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

Title: "MGR" = Manager "MGRM" = Managing	Member	Name and Add	<u>ress:</u>	SECRETA TALLAHAS	I3 P LRY OF ST. ISEE, FLO
MGRM	_ 	apert			
	9305 Who		2256		
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	منسده بشور	<u>jang kanggan</u>	**	· * · · ·	
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(Use attachment if nece	essary)				
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CLE V: Effective date, it effective date, it of the days after the date of the	f other than the date date must be specifications.)	ecific and cannot	be more that	n five business c	
CLE V: Effective date, it effective date is listed, the days after the date of the REQUIRED SIGNATE Signature (In according to this effective date, it is effective date.)	f other than the date date must be specifically. FURE:	an authorized reprofession and affirmation under	esentative of a	member.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)