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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BETTER MORTGAGE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

BETTER MORTGAGE SOLUTIONS, LLC

ARTICLE II- Address:

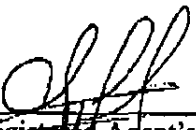
The mailing address and street address of the principal office of the Limited Liability Company is: **5173 NW 112 CT DORAL, FL 33178**

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

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

**LUIS CORAO
5173 NW 112 CT
DORAL, FL 33178**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

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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:

MGMR

**LUIS CORAO
5173 NW 122 CT
DORAL, FL 33178**

MGMR

**FRANCISCO HERRERA
9705 FOUNTAINEBLEAU BLVD # 112
MIAMI, FL 33172**



Signature of 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 herein are true.)

LUIS CORAO

Typed or printed name of signee.

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