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(Requestor's Name)	
(Address)	
(Address)	,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer.	7

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W1-41151

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Reside	ential Lending Service		
•	(Name of Limit	ed Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Leif Wahlq	uist		
		(Name of Person)	
	•		
		(Firm/Company)	
16128 Bri	dgecrossing Drive		
		(Address)	
Lithia, FL	33547		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Leif Wahlquist	• ,	at (813) 766-66	80
	e of Person)	(Area Code & Daytime	
Enclosed is a check for	or the following amount:		SECR
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Centa Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	·
· · · · · · · · · · · · · · · · · · ·	
Residential Lending Services LLC	
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
**	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16128 Bridgecrossing Drive	16128 Bridgecrossing Drive
Lithia, FL 33547	Lithia, FL 33547
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Juan Cobos Name	stered Agent. You must designate an individual or another registered agent are:
4540 Contab Div - Date	
1542 Scotch Pine Drive	dress (P.O. Box NOT acceptable)
Brandon	PL 33511
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.
Registered Agent's Signa	ture (REQUIRED)
(CONTIN	TUED)
Page 1 of	

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

	nager	Name and Address:	
	Managing Member		
MGR		Leif Wahlquist	
	· · · · · · · · · · · · · · · · · · ·	16128 Bridgecrossing Drive	
		Lithia, FL 33547	
	 		
	•		
			
	<u> </u>		
(Use attachme	ent if necessary)		······································
•	ent if necessary)	date of filing: 04-19-2007 .(O	PTIONAL
LE V: Effective date is	ve date, if other than the listed, the date must be	date of filing: 04-19-2007 . (O	PTIONAL
LE V: Effective date is	ve date, if other than the		
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.)		
LE V: Effective date is days after the	ve date, if other than the listed, the date must be		
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LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with secondance)	e specific and cannot be more than five bus er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	iness days 2001 PR
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitution.	e specific and cannot be more than five bus er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	iness days

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