

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

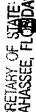
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ORIDA/FOREIGN LIMITED LIABILITY CO.

CITY MORTGAGE LENDING GROUP, LLC

Certificate of Status	0
Certified Copy	1
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J. BRYAN

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITY MORTGAGE LENDING GROUP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2655 LE JEUNE RD STE: PH 2 -E CORAL GABLES, FL 33134

2866 LE JEUNE RD STE: PH 2-E CORAL GABLES, FL 33134

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:

OSCAR HECHT

Name

2655 LE JEUNE RD STE: PH 2 -E

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

CORAL GABLES FL

33134

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. Harther agrees 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)

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Page 1 of 2

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(((H08000053923))) 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 MGRM OSCAR HECHT 2655 LE JEUNE RD STE: PH 2 -E CORAL GABLES, FL 33134 **MGRM** JULIANA DELLADIO 2655 LE JEUNE RD STE: PH 2-E CORAL GABLES, FL 33134 (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:** nature of a question or sa sufficient repr (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.) **OSCAR HECHT**

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Typed or printed name of signee