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Florida Department of State
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

No Trace REO's LLC

Certificate of Status	0
Certified Copy	1
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J. BRYAN

OCT 13 2008

EXAMINER

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FAX AUDIT #

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**ARTICLES OF ORGANIZATION
OF
No Trace REO's LLC**

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ARTICLE I NAME

The name of the limited liability company shall be: **No Trace REO's LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 18 N Polk Ave, Arcadia, Florida 34266.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Glenn Mogle, 18 N Polk Ave, Arcadia, Florida 34266. Located in the County of Desoto.

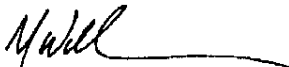
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Glenn Mogle, 18 N Polk Ave, Arcadia, Florida 34266



Date: October 8, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT #

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FAX AUDIT #

4108000 2336773CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

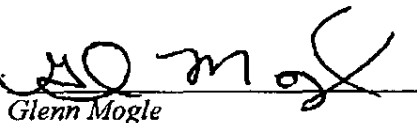
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **No Trace REO's LLC**

The name and address of the registered agent and office is Glenn Mogle, 18 N Polk Ave, Arcadia, Florida 34266. Located in the County of Desoto.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature


Glenn Mogle

Date:

10/9/08

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