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(Re	equestor's Name)
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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DEFA (TALL) ATE OIVISION CT COSTURATIONS TALL ATTA SISEE, TEORIDA

RECEIVED

EFFECTIVE DATE 4/27/04

B. KOHR

APR 2 8 2009

EXAMINER



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 5		Office Lies Only
CORPORATION NAME(S) & DOCUM		Onno Cas Ciny
1. HOME LOAN (Corporation Name)	SERVICE (Document#)	E GROUPS
2. (Corporation Name)	(Document #)	·
3.		
(Corporation Name)	(Document #)	
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) 9.06 Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Withe Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/O Foreign Limited Partnersh Reinstatement Trademark Other	
		Examiner's Initials

EFFECTIVE DATE 4/2/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:
Home Loans Se (Must end with the words "I	TVICE Group LLC." or "LLC."
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14541 SW 10.5T Hiami FT 33184	14541 SW 10.5T Wiami Fl 33184
(The Limited Liability Company cannot serve as business entity with an active Florida registratio The name and the Florida street addresses	
<u> </u>	Name
454	11 5W 10st
Flor	ida street address (P.O. Box NOT acceptable)
6	fiami FL 33184
	City, State, and Zip
liability company at the place desi registered agent and agree to act in to statutes relating to the proper and c accept the obligations of my posit	tent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S
Kegistett Aj	gent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>l'itle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	r
MORH	Raisa Bererrill
MULVI	14541 SW 102+
	Miami Fl 33174
 	
<u> </u>	
4, 4,	
,	
Tire attachment if managemy	
(Use attachment if necessary)	*
,	han the date of filing: 37 abril 2009. (OPTION
LE V: Effective date, if other the	than the date of filing: $\frac{27}{4} \frac{400}{100}$. (OPTION must be specific and cannot be more than five business d
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	han the date of filing: <u>37 abril 2009</u> . (OPTION must be specific and cannot be more than five business d
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance)	must be specific and cannot be more than five business d member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume)	must be specific and cannot be more than five business d

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

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