Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019

: (305)552~5973 Phone Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

LEX PROPERTY PRESERVATION & REO SERVICES LLC

Certificate of Status

Certified Copy

1

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C. LEWIS

JUL 3 0 2010

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SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELEX PROPERTY PRESERVATION & RED SERVICES
(Must end with the words "Limited Liability Company, "LLC." or "ILC.")

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:	
290 SUNRESE	DR. #202		
290 SUNRESE KEYBISCAYNE,	FL 33149		
,			

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:

Namo

Namo

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

KANDESCAYNEFL 33149

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. 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 (REQUIRED)

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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: SECRETARY OF STATE TALLAHASSEE FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (LANOITYO) (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: Signature of a 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

Flling Foes;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

that the facts stated herein are type.)

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Typed or printed name of signee