## L10000132433

(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)	—			
Certified Copies Certificates of Status	<del></del>			
Special Instructions to Filing Officer:				
A. LUNT				
DEC <b>30</b> 2010				

Office Use Only



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## **COVER LETTER**

1	TO:	Registration : Division of C				
	SUBJE	Loan	Portfolio Solution	s, LLC		
	SOBOL			ed Liability Compa	iny	
	The end	closed Articles of	of Organization and fee(s) are	submitted for filing	<b>5</b> .	
	Please	return all corres	pondence concerning this mat	ter to the following	:	
		<u>J. Daniel</u>	Schert	Name of Person		<del> </del>
				Name of Person		
		Langdale	e Vallotton, LLP			mis NO
	•	".		Firm/Company		
		P. O. Box	x 1547			DIN DEC 29
		1.0.00	X 104)	Address		<del>*************************************</del>
		/aldosta, (	GA 31603			Fig.
				y/State and Zip Code		——————————————————————————————————————
	_	srogers@ia	angdalelaw.com  E-mail address: (to be used to	or future annual repo	ort notification)	
	For fur	har information	concerning this matter, please	_	<b></b>	
	roi iuii	ner information	concerning this matter, please	can:		
	J. Da	niel Schert		at ( 229	244-5400	
		Name	of Person	Area Code	& Daytime Telephone Numb	ег
	Enclos		or the following amount:	_		
	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cor		Filing Fee,
			Certificate of Status	(additional copy	is enclosed) Certified	te of Status & Copy copy is enclosed)
					(additional	copy is eliciosed)
			Mailing Address	Street/Co	urier Address	
			Registration Section		on Section	
			Division of Corporations P.O. Box 6327	Division o Clifton B	of Corporations	
			Tallahassee, FL 32314		cutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimited Elability Company is.	
Loan Portfolio Solutions, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20510 The Granada	20510 The Granada
Dunellon, FL 34430	Dunellon, FL 34420
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or anothe
The name and the Florida street address of the re	gistered agent are:
Tildon W. Smith	
Name	
20510 The Grana	da
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Dunellon

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Tildon W. Smith  20510 The Granada  Dunellon, FL 34430
	P. 22
(Use attachment if necessary)	
n effective date is listed, the date must 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a men	nber or an authorized representative of a member.
constitutes an affirmation ur l am aware that any false int	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
Tildon W. Sı	
	Typed or printed name of signee

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)