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PICK-UP WAIT MAIL				
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FILING CANCELLED RETURNED CHECK

COVER LETTER ·

Division of Corpora				
_{subject:} Carrosma	s.com, LLC			
Jobber.	Name of Limite	ed Liability Compa	ny	
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing		
Please return all corresponden	ce concerning this matt	er to the following:		
Javier Zelaya	a			
		Name of Person		
Mortgage Le	nding News, I	LLC		
		Firm/Company		
11601 Biscay	ne Blvd, Suite	310B		
		Address		
Miami, FL 3318	31			
		y/State and Zip Code		
info@mbnews.o				
E-r	nail address: (to be used for	or future annual repor	rt notification)	
For further information concer	ning this matter, please	call:		
Javier Zelaya		at (800)	821-6690	
Name of Pers	on		& Daytime Telep	hone Number
Enclosed is a check for the	following amount:			
	0.00 Filing Fee & ertificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	iling Address istration Section ision of Corporations Box 6327 lahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carrosmas.com, 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:
Javier Zelaya	
11310 S Orange Blossom Trail Suite 179	11310 S Orange Blossom Trail Suite 179
Orlando, FL 32837	Orlando, Fl 32837

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:

_Javier Ze	elaya
	Name
11310 S	Orange Blossom Trail Suite 179
	Florida street address (P.O. Box NOT acceptable
Orlando	_{FL} 32837
	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)

(CONTINUED)

Page 1 of 2

FILING CANCELLED RETURNED CHECK

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:
Javier Zelaya	11310 S Orange Blossom Trail Suite 179. Orlando, FL 32837
Gabriela A. Mendonza	
-	12864 Biscayne Blvd, #203
	Miami, FL 33181
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with section 608.4)	08(3), Florida Statutes, the execution of this document

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Javier Zelaya

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)