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VALUE STATES OF ORIDA

K.SALY EXAMINER DEC 28 2012 (850) 245-6051.

## **COVER LETTER**

TO: **Registration Section Division of Corporations** ASC SERVICING, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joy Beauvais Name of Person ASC SERVICING, LLC Firm/Company 10235 W sample Rd Address coral Spring Florida 33065 City/State and Zip Code iry715@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jov Beauvais 954 861-9892 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□**\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155:00 Filing Fee &. □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company	y is:			
ASC SERVICING, LLC				
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")			
<b>ARTICLE II - Address:</b> The mailing address and street address of th	ne principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
10235 W SAMPLE RD	POST OFFICE BOX 1196			
CORAL SPRING FLORIDA 33065	POMPANO BEACH FLORIDA 33061			
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of to JOY BEAUVAIS	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:			
Name				
10235 W SAMPLE RD				
Florida stree	et address (P.O. Box NOT acceptable)			
CORAL SPRING FLORIDA 33065 智慧 乙				
Cit	y, State, and Zip			
liability company at the place designated registered agent and agree to act in this ca all statutes relating to the proper and com	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of aplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

-	Title: "MGR" = Manager "MGRM" = Managin	g Member	Name and Address:				
-	MGR		JOY BEAUVAIS				
			YVES BEAUVAIS				
	MGRM						
			<u> </u>	·			
	(Use attachment if ne	cessary)					
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)  If an effective date is listed, the date must be specific and cannot be more than five business days orior 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 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.)							
	JOY BEAUVAIS  Typed or printed name of signee						
	Filing Fees:	. урси	p				

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

\$ 5.00 Certificate of Status (Optional)