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DIVISION OF CORPORATIONS

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MAR 1 0 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INESTOR ACQUISITIONS AND SERVICING Name of Limited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAVID W. BOWERS Name of Person	
Name of Person	
Firm/Company	
8617 RIVER HOMES DR # 308	
Address	
BONITA SPRINGS FC 34135 City/State and Zip Code	
TUST (ASK BOWERS . COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVID W. BOWENS at (239) 810-9257 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
Mailing Address Street/Courier Address	1,

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 is:	
	10NS 3 SERVICING LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	
Principal Office Address:	Mailing Address:
8617 RIVER HOMES DR # 308	SAME
BONITA SPRINGS, FL 34135	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	-
DAVID W	Bowers
Name 8617 RIJER Florida street address (P.O. Box J	Homes DR #308
BONTA SPRIMES	FL 3413 5 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the fall statutes.
(CONTINUE	D) 2 A A SEC
Page 1 of 2	AR ON C

The name and address of each person autho	rized to manage and control the Limited Clastiffy Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	DAVID W. BOWERS 8617 RIVER HOMES DR #30 BDN: TA SPRINCS, FL 3413
• •	
(Use attachment if necessary)	
CTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specife date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ow. Bom
	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document

Typed or printed name of signee

Filing Fees:

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.)

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-