

L 000000006663

Requester's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Millennium Finance LLC  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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-06/08/00--01046--007  
\*\*\*320.00 \*\*\*160.00

- Walk in
- Mail out
- Pick up time
- Will wait

Photocopy

- Certified Copy
- Certificate of Status

00 JUN - 8 AM 11:19  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

00 JUN - 8 PM 1:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/6/8  
FILED

2

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Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MILLENNIUM FINANCE LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

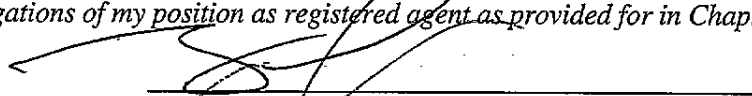
SQE SERVICES AG, ALFRED ESCHERSTR. 9, POSTFACH, CH 8027, ZURICH, SWITZERLAND

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
TALLAHASSEE	FL	32301
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  
**BRIAN COURTNEY, ASST. V.P.**

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**

(An additional article must be added if an effective date is requested)

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.)

J. STEINBERG, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)