

LOB 0000 15658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

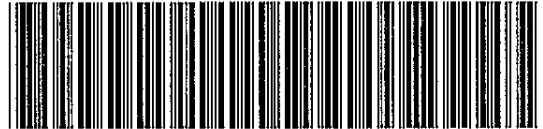
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200016650152

FILED
03 MAY - 1 PM 12:49
TALLAHASSEE, FLORIDA

LOB 0000 15658
Q

RECEIVED
03 MAY - 1 AM 11:51
DIVISION OF CORPORATE & FINANCIAL SERVICES
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075827 4319772

AUTHORIZATION :

Patricia P. Pitts

COST LIMIT : \$ 125.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:36 AM

ORDER NO. : 075827-005

CUSTOMER NO: 4319772

CUSTOMER: Faye L Kunz - Mac#f8202-101
Wells Fargo Financial, Inc.

206 8th Street

Des Moines, IA 50309

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 MAY - 1 PM 12:49

FILED

DOMESTIC FILING

NAME: WELLS FARGO FINANCIAL LEASING
FLORIDA LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wells Fargo Financial Leasing Florida LLC

ARTICLE II - Address:

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

255 Primera Blvd., Suite 328, Lake Mary, FL 32746

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

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

R. E. Good

 Name

255 Primera Blvd., Suite 328

 Florida street address (P.O. Box **NOT** acceptable)

Lake Mary FL 32746

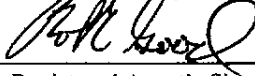
 City, State, and Zip

WALLAHASSEE, FLORIDA

03 MAY - 1 PM 12: 49

FILED

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.

R. E. Good
 By: 
 Registered Agent's Signature

ARTICLE IV Management: The company will be manager managed.


 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.)

Faye L. Kunz

 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)