

OCT-20-2004 WED 02:52 PM

Division of Corporations

FAX NO.

P. 01

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L04000076294

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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((H04000209539 3)))

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-6300
Fax Number : (305) 381-9982

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

AMERIFIRST CAPITAL GROUP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fax Audit # (((H04000209539 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERIFIRST CAPITAL GROUP, 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:

11543 N. KENDALL DRIVE
MIAMI, FL 33176

11543 N. KENDALL DRIVE
MIAMI, FL 33176

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

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

RICHARD S. LUCK
Name

11543 N. KENDALL DRIVE
Florida street address (P.O. Box NOT acceptable)

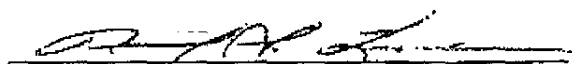
MIAMI, FL 33176
City, State, and Zip

SCOTT COUNTY STATE
TALLAHASSEE, FLORIDA

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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

(CONTINUED)

Fax Audit # (((H04000209539 3)))

Fax Audit # (((H04000209539 3)))

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" = Managing Member

Name and Address:

<u>MGR</u>	<u>RICHARD S. LUCK</u>
	<u>11543 N. KENDALL DRIVE</u>
	<u>MIAMI, FL 33176</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

RICHARD S. LUCK
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)

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