

L08000026914

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Account Number : 072720000061
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

IMPERIAL STRUCTURED SETTLEMENTS, LLC

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ATTORNEYS AT LAW
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TELEPHONE: 904.359.2000
FACSIMILE: 904.359.8700
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Table with 3 columns: TO, PHONE#, FAX#. TO: LLC Formation, FL Secretary of State. PHONE#: 850.245.6939. FAX#: 850.617.6383

Table with 2 columns: Field, Value. From: vhodge, Email Address: VHodge@foley.com, Sender's Direct Dial: 904.359.2000, Date: 3/14/2008, Client Matter No: 084091-0102, User ID: vhodge

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MESSAGE:

Refiling of 3/13/08 submission which was sent without a fax audit coversheet. Valerie R. Hodge Paralegal :FOLEY Foley & Lardner LLP Post Office Box 240 Jacksonville, Florida 32201-0240 One Independent Drive, Suite 1300 Jacksonville, FL 32202 Tel: 904.359.2000, Ext. 8905 Fax: 904.359.8700 vhodge@foley.com

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Fax Audit No. H08000065570 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **IMPERIAL STRUCTURED SETTLEMENTS, LLC.**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:
701 Park of Commerce Boulevard, Suite 301, Boca Raton, Florida 33487.

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

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

Antony Mitchell

Name

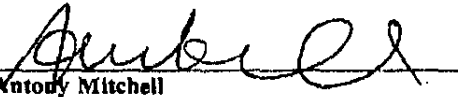
701 Park of Commerce Blvd., Suite 301

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

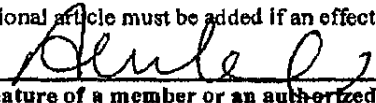
Boca Raton, Florida 33487

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 completed 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.

x 
Antony Mitchell

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

x 
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.)

Antony Mitchell, 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)

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