## Florida Department of State

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Division of Corporations

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From:

: RING, BENDER, MCKOWN & CASTILLO, LLLP Account Name

Account Number: I20120000014 : (305)987-4920 Fax Number : (866)624-8893

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## FLORIDA LIMITED LIABILITY CO.

Life Settlements Consulting LLC

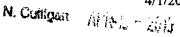
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LIFE SETTLEMENT	S CONSULTING LLC			
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "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:			
1 Alhambra Plaza, Suite 620 Coral Gables, FL 33134	1 Alhambra Plaza, Suite 620 Coral Gables, FL 33134			
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra	wn Registered Agent. You must designate an	individual o	2015 AFR	
The name and the Florida street address of the register	red agent are:		λ₽R	
Aaron M.	McKown	25 T	1	1
Nas	me	iris;		
1 Alhambra Plaza, Suite 62	20		-	٠
Florida street address (P.O. B			æ 2	
Coral Gables	FL 33134		ထ	
City	Zip			
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Che Registered Agent's Sig	ept the appointment as registered agent and a ns of all statutes relating to the proper and con obligations of my position as registered agent apter 605, F.S	gree to act in aplete perfor	this mance	

(CONTINUED)
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Ralph Cioffe
	1 Alhambra Plaza, Suite 620 Coral Gables, FL 33134
effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days afte
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) CLE VI: Other provisions, if any.	date of filing: (OPTIONAL)
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State selony as provided for in s.817.155, F.S.)