

AUG-22-03 FRI 8:59 AM

Division of Corporations

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To: Division of Corporations
Fax Number : (450)205-0383

From: Account Name : FILINGS, INC.
Account Number : 072720000303
Phone : (850)385-6755
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03 AUG 22 01:10:38
STATE OF FLORIDA
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

NET TRUST MORTGAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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03 AUG 22 AM 10:09
DIVISION OF CORPORATIONS

Handwritten signature and number 027-03

HB3000259134

ARTICLES OF ORGANIZATION FOR NET TRUST MORTGAGE, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: NET TRUST MORTGAGE, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 6618 Thornhill Court, Boca Raton, Florida 33433.

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

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

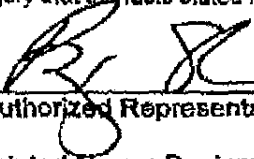
Benjamin P. Shenkman, Esq.
2160 W. Atlantic Ave., Second Floor
Delray Beach, Florida 33445

Having been named as registered agent 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, Florida Statutes.


Registered Agent's Signature

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 21st day of AUGUST, 2003.

(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)


Authorized Representative Signature
Printed Name: Benjamin P. Shenkman

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FBI
REC'D

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF Florida.

1 The name of the Limited Liability Company is:

NET TRUST MORTGAGE, LLC

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

**BENJAMIN P. SHENKMAN, ESQ.
2160 W. Atlantic Ave., Second Floor
Delray Beach, FL 33445**

Having been named as registered agent 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, Florida Statutes.


Registered Agent's Signature

STATE OF FLORIDA
DEPARTMENT OF REVENUE

03 AUG 27 AM 10:38

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