

ACCOUNT NO.: 07210000032

REFERENCE :

697869

81823A

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: May 15, 2000

ORDER TIME : 3:10 PM

ORDER NO. -: 697869-005

CUSTOMER NO: 81823A

300003253633-

CUSTOMER: Stephen Navaretta, Esq NAVARETTA & NAVARETTA NAVARETTA & NAVARETTA

Suite 203

1100 Sw St. Lucie West Blvd Port St. Lucie, FL 34986

DOMESTIC FILING

NAME:

GEMSTONE FINANCIAL SERVICES,

LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

EXAMINER'S INITIALS:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEMSTONE FINANCIAL SERVICES. LLC

ARTICLE II - Address:

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

1715 East Sunrise Blvd., Fort Lauderdale, Florida 33304-3066

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

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

Stephen Navaretta, Esquire Name 1100 SW St. Lucie West Blvd., Suite 203 Florida street address (P.O. Box NOT acceptable) Port St. Lucie, FL 34986 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 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..

Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company.

> (An additional article must ded if an effective date is requested)

Signature of a member r/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.)

Stephen Navaretta as authorized representative of John V.

Typed or printed name of signee

Steffanato, Jr., Member

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)