## L0000008990



ACCOUNT NO. : 072100000032

REFERENCE :

COST LIMIT :

777151

7138741

**AUTHORIZATION:** 

\_\_\_\_\_

ORDER DATE : July 26, 2000

ORDER TIME\_: 12:46 PM

ORDER NO. : 777151-005

CUSTOMER NO: 7138741

300003338303--2

CUSTOMER: \_Mr. Daniel S. Friebis

Mr. Daniel S. Friebis

Suite B-1

3890 Turtle Creek Drive Port Orange, FL 32127

DOMESTIC FILING

NAME:

SOUTHEAST FUNDING SOLUTIONS,

LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

OD JUL 27 PH 11 42
DIVISION CONSERVED PROPERTY OF THE PROPERTY

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i		
SOUTHEAST FUNDING SOLUTIONS, LLC	•	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compar	ny is:
3890 TURTLE CŘŘEK DRIVE, SUITE B-1,	PORT ORANGE, FLORIDA 32127	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:	
The name and the Florida street address of the	e registered agent are:	
DAN	NIEL S. FRIEBIS	
	Name	
	TLE CREEK DRIVE #B-1	
Florida street addı PORT ORANG	ress (P.O. Box <u>NOT</u> acceptable) E., FL 32127	
	ity, State, and Zip	
registered agent and agree to act in this capace statutes relating to the proper and complete pe accept the obligations of my position as registered.  SEE ATI	is certificate, I hereby accept the appointment as city. I further agree to comply with the provisions erformance of my duties, and I am familiar with a ered agent as provided for in Chapter 608, F.S CACHED RIDER gistered Agent's Signature	of all
Article IV - Management (Check box if ap The Limited Liability Company is to be r therefore, a manager - managed company.	plicable.) managed by one manager or more managers and	is,
(An additional article must b	be added if an effective date is requested)	SEGRETAR DIVISION OF C
Signature of a member of	or an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated herein	tes an affirmation under the penalties of perjury n are true.)	
		STATE ORATIO
Typed	or printed name of signee	IONS IONS
rii -	ING 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)

## ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN THE ARTICLES OF ORGANIZATION

Daniel S. Friebis, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Organization of:

SOUTHEAST FUNDING SOLUTIONS, LLC

Daniel S. Friebis is familiar with and accepts the obligations of the position of Registered Agent under Section 608, Florida Statutes.

7

Typed Name: Daniel S. Friebis

500 11

12:55 EDT 06/26/2000 - CSC The United States Corp. Co

## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a

Delaware corporation qualified to do business in the State of Florida, as its attorneyin-fact for the limited purpose of executing on behalf of the undersigned the original
Articles of Organization of SOUTHEAST FUNDING SOLUTIONS, LLC

(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this day

Signature

PATRICIA A. Schmid

Print Name of Signer

WITNESS:

Consture

Print Name of Witness

WITNESS:

Signature

TOWI JINES

Print Name of Witness