Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name

: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521

(954) 527-2428

Fax Number

(954) 764-4996

LIMITED LIABILITY COMPANY

Excalibur Financial, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION OF EXCALIBUR FINANCIAL, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is EXCALIBUR FINANCIAL, LLC (the "Company").
- MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 2000 Palm Bracks Bird. Spite 700. West Rolen Boock.

 TARKEN 33400 1821 Corsica Drive, Wellington, FL 33414
- REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Thomas D. Abrams at 2000 RainaBoock Librar Block, Suite 700, West Palan Boock, Tomas 2500 1821 Corsica Drive, Wellington, FL 33414
 - 4. MANAGEMENT. The Company is to be member managed.

The undersigned has executed these Articles of Organization on the 16 day of January, 2001.

Thomas D. Abrams

Authorized signatory of the sole Member

DIVISION OF CURPORATION

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: EXCALIBUR FINANCIAL, LLC.



The name and address of the registered agent and office is:

Thomas D. Abrams

2000 Baine Basel Labra Black Suite 200

West Raine Basels Black 25400 x

1821 Corsica Drive Wellington, FL 33414

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 its 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.

Thomas D. Abrams, Registered Agent

(Date)

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