

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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LIMITED LIABILITY COMPANY

wcm lending llc

Certificate of Status	1
Certified Copy	1
Page Count	04
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ARTICLES OF ORGANIZATION

FOR

WCM LENDING LLC

ARTICLE I. - NAME

The name of this Limited Liability Company ("Company") shall be:

WCM LENDING LLC

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SECONOMISSEE FLORIDA

ARTICLE II. - ADDRESS

The mailing address of the Company is: c/o Pedro A. Martin, Esq., Greenberg Traurig, P.A., 1221 Brickell Avenue, Suite 2100, Miami, Florida 33131.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its Manager; the name and address of such Manager is:

Name:

Frank Mileto

Address:

785 Tivoli Circle

Suite 202

Deerfield Beach, FL 33441

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

THE PARTY HERETO HAS EXECUTED THESE ARTICLES OF ORGANIZATION AS OF THE SO DAY OF MAY, 2001

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

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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.

- The name of the limited liability company is: WCM LENDING LLC
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESO.

Greenberg, Traurig, P.A.

1221 Brickell Avenue, Suite 2100

Florida street address (P.O. BOX NOT ACCEPTABLE)

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Miami Plozida 33131 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.

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