L01000009946



June 12, 2001

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 487-6051

RE: Capital Resource Group of North Carolina, LLC

Dear Sir/Madam:

Enclosed are the Articles of Incorporation of Capital Resource Group of North Carolina LLC and a check in the amount of \$125. If you have any questions regarding this request please contact:

Denise O'Connor 2352 Springs Landing Blvd. Longwood, Florida 32779 (407) 862-7722 5000044206635-06 ****125.00

Sincerely,

Sean Winner

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C A P I T A L R E S O U R C E G R O U P 2352 Springs Landing Blvd Longwood, Florida 32779 407-862-0833 407-862-2115 FX 800-344-0060

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: |
|--|
| CAPITAL RESOURCE GROUP OF NORTH CAROlona, LLC |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 2352 Springs Landing Blud. Longwood, Florida 32779 |
| Longwood, Florida 32779 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Denise O'Congol 28 & |
| Denise O'Connok Name 2352 Springs Landing Blvd Florida street address (P.O. Box NOT acceptable) Long wood FL 32779 City, State, and Zip |
| 2352 Springs Landing Blud |
| Florida street address (P.O. Box NOT acceptable) |
| City, State, and Zip |
| |
| Having been named as registered agent and to accept service of process for the above stated timited |
| 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 |
| (Denies OCOMOS) |
| Registered Agent's Signature |
| |
| Article IV - Management (Check box if applicable.) |
| The Limited Liability Company is to be managed by one manager or more managers and is, |
| therefore, a manager - managed company. |
| |
| |
| (An additional article must be added if an effective date is requested) |
| Su W_T |
| Signature of a member or 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.) |
| |
| SEAN WINNER Typed or printed name of signee |

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)