

L010000012502

July 25, 2001

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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-07/27/01--01060--008
****125.00 ****125.00

To Whom It may Concern:

At this time we are filing the Articles of Organization for Brookside Project Funding, LLC. If there are any questions regarding this filing please contact the following:

Sherwin Mena
5126 Orduna Drive
Coral Gables, FL 33146
Phone: 305-740-0090

Additionally we have included a check for the filing fee and the designation of Registered Agent in the amount of \$125.00 USD.

Sincerely,



Sherwin Mena

01 JUL 27 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brookside Project Funding LLC

ARTICLE II - Address:

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

5126 Orduna Drive
Coral Gables, FL 33146

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

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

Sherwin Mena
Name
5126 Orduna Drive
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33146
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..

S. Mena

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)

Pat M. Mila
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.)

Pat M. Mila

Typed or printed name of signee

FILED
07 JUL 27 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)