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ACCOUNT NO. : 072100000032

REFERENCE :

419303 7122935

COST LIMIT : \$ 125.00

ORDER DATE: February 27, 2002

ORDER TIME: 9:32 AM

CUSTOMER NO:

ORDER NO. : 419303-010

CUSTOMER: Ms. Robin Gordon

Law Offices Of Michael Lapat

Suite 311

3300 University Drive Coral Springs, FL 33065

7122935

DOMESTIC FILING

NAME:

DIVERSIFIED ASSET MANAGEMENT

GROUP, 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:

300005031503--4

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: Diversified Asset Management Group, LIC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 8499 So. Tamiami Trail, Suite 261, Sarasota, FL 34238 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Corporation Service Company |
| Name |
| 1201 Varia Chanan |
| Florida street address (P.O. Box NOT acceptable) |
| |
| Tallahassee FL 32301 City. State, and Zip |
| 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. Corporation Service Company 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) |
| (All additional action mast be dident if the execute date is requested, |

Dean Mureung

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.)

Dean Albrecht

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)