

LO2000005339**Florida Department of State**

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY**STATE MORTGAGE BANKERS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The Name of the Limited Liability Company is:

STATE MORTGAGE BANKERS, LLC.

ARTICLE II - ADDRESS

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

**5700 HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023**

ARTICLE III - DURATION

The Period of duration for the Limited Liability Company shall be Perpetual.

ARTICLE IV - MANEGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and the address (es) of such manager(s) is/ are:

ISABEL LAOS	5700 HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023
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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Majority Vote of the existing members

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability 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 continued membership of a member in the limited liability company shall be:

Majority Vote of the remaining members

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

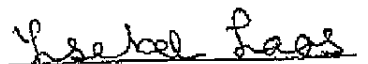
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED-AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Corporation is:
STATE MORTGAGE BANKERS, LLC.
2. The name and address of the Registered Agent and Office is:

**ISABEL LAOS
5700 HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023**

Having been named as Registered Agent to accept the 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.

Dated: March 5TH 2002


ISABEL LAOS
Registered Agent / & Manager

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