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Florida Department of State

Division of Corporations

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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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JEVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Name Availability Document Examiner Updater Updater Verifyer Acknowledgement DCC W. P. Verifyer

mortgage funders, Ilc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY MORTGAGE FUNDERS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORTGAGE FUNDERS, LLC

ARTICLE II - Address:

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

8211 West Broward Blvd. Suite PH1 - Fifth Floor Plantation, Florida 33324

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

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

David F. Anderson, Esq. 15450 New Barn Road, Suite 106 Miami Lakes, Florida 33014

Having been named as registered agent and to accept service of process for 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 capabity. 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.

Registered Agent's Signature

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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.

the execution of this document constitutes an affirmation

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

(In accordance with section 608.408(3), Florida Statutes,

under the penalties of perjury that the facts stated herein are true.)

<u>David F. Anderson, Esq.</u> Typed or Printed Name of Signee

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