

Division of Corporations

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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 : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561)844-3700
Fax Number : (561)844-2388

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Palm Beach Lending, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

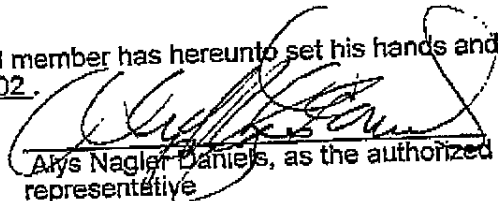
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**ARTICLES OF ORGANIZATION
FOR
Palm Beach Lending, LLC
a Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

1. Name. The name of the limited liability company is: Palm Beach Lending, LLC
2. Duration/Continuation. The period of this company's duration shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.
3. The mailing and the street address of the principal office of the company is: 701 U.S. Hwy. One, Ste. 402, N. Palm Beach, FL 33408.
4. Registered Agent and Office. The name and the Florida street address of the initial registered agent and office for this company is as follows: Alys Nagler Daniels, at Gary, Dytrych & Ryan, P.A., 701 U.S. Hwy. One, Ste. 402, N. Palm Beach, FL 33408.
5. Admission of Additional Members; and Terms and Conditions of such Admissions. Additional Members may be admitted only upon the unanimous approval of the nontransferring members of the Company upon the written application of such new Member, in the manner set forth in the Operating Agreement of the Company.
6. Right to Continue Business. Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, unless the business of the Company is continued by the consent of all the remaining Members.
7. Management of Company. The business of the Company is to be managed by one or more of the Members and is therefore, a member managed company.
8. Informal Action of Members. Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting (and filed with the Manager(s) of the Company as part of its records.)

IN WITNESS WHEREOF, the undersigned member has hereunto set his hands and seals this 16 day of Aug., 2002.

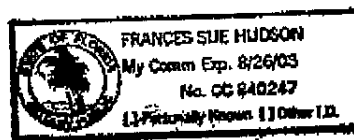

Alys Nagler Daniels, as the authorized representative

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STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 16th day of August, 2002,
by Alys Nagler Daniels, who is personally known to me or who has produced _____
as identification.


NOTARY PUBLIC
SERIAL NO.:



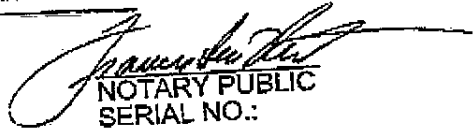
REGISTERED AGENT ACCEPTANCE

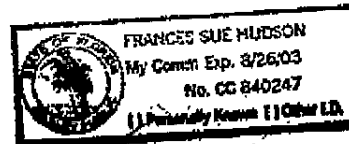
Having been named as Registered Agent and to accept service of process for the above
stated limited liability company at the place designated in this certificate, I hereby accept the
appointment as Registered Agent and agree to act in this capacity. I further agree to comply
with the provisions of all 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.


Alys Nagler Daniels

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 16 day of August, 2002,
by Alys Nagler Daniels, who is personally known to me or who has produced _____ as
identification.


NOTARY PUBLIC
SERIAL NO.:



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