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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

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SECRETARY OF STATE
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LIMITED LIABILITY COMPANY

FLORIDA FINANCIAL TECHNOLOGY CENTER, LLC

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DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
Page Count	01
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JB
11-04-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA FINANCIAL TECHNOLOGY CENTER, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3501 DEL PRADO BLVD., SUITE 312; CAPE CORAL, FLORIDA 33904

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

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

PAUL L. LARROW

Name

3501 DEL PRADO BLVD., SUITE 312

Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL

FL 33904

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.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

PAUL L. LARROW, MEMBER

Typed or printed name of signee

AND
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