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To:

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

From:

 -				
Account 1	Name	:	FAS-T CORP. AGENTS,	INC.
Account i	Number	<b>:</b>	071001002335	-
Phone		:	(305) 599-0839	
Fax Numb	er	:	(305)716-0346	

# LIMITED LIABILITY COMPANY

## PREMIUM MORTGAGE, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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## ARTICLE 1-NAME

The name of the Limited Liability Company is:

## PREMIUM MORTGAGE, LLC

#### ARTICLE II - ADDRESS

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

## 2014 Santana Barbara Blvd. Naples, FL 34116

#### ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Maximiliano J. Martinez 8168 Ibis Cove Circle Naples, FI. 34119-0000

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.

Repister Agent's Signature

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## ARTICLE IV - MANAGEMENT

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The limited Lizbility Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

## ARTICLE V - EFFECTIVE DATE

The limited Liability Company will have an effective date of March 1, 2003.

Maximiliano J. Martinez