

L03 0000 15658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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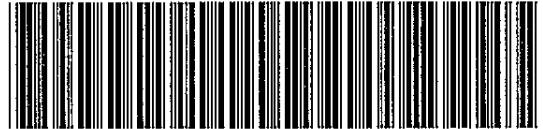
(Business Entity Name)

(Document Number)

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03 MAY - 1 PM 12:49

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03 MAY - 1 PM 12:51
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075827 4319772

AUTHORIZATION :

Patricia P. P.

COST LIMIT : \$ 125.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:36 AM

ORDER NO. : 075827-005

CUSTOMER NO: 4319772

CUSTOMER: Faye L Kunz - Mac#f8202-101
Wells Fargo Financial, Inc.

206 8th Street

Des Moines, IA 50309

DOMESTIC FILING

NAME: WELLS FARGO FINANCIAL LEASING
FLORIDA LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wells Fargo Financial Leasing Florida LLC

ARTICLE II - Address:

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

255 Primera Blvd., Suite 328, Lake Mary, FL 32746

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

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

R. E. Good
Name
255 Primera Blvd., Suite 328
Florida street address (P.O. Box **NOT** acceptable)
Lake Mary FL 32746
City, State, and Zip

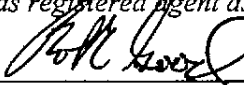
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

R. E. Good

By:


Registered Agent's Signature

ARTICLE IV Management: The company will be manager managed.

Faye L. Kunz
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.)

Faye L. Kunz
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)