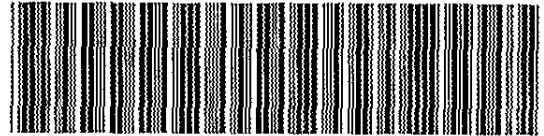


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STATE
TALLAHASSEE, FLORIDA



100023202311

09/24/03--01088--001 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

03 SEP 24 PM 12:36

SUBJECT: Student Consolidation Loan Agency, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Doering, Manager
(Name of Person)

Student Consolidation Loan Agency, LLC
(Firm/Company)

1527 B Sadlon Ave
(Address)

Clearwater, FL 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

John Doering, Manager at (727) 365 2531
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

03 SEP 24 PM

ARTICLE I - Name:

The name of the Limited Liability Company is:

Student Consolidation Loan Agency LLC

CLERK OF
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1527 B Sadlon Ave
Clearwater, FL 33756

1527 B Sadlon Ave
Clearwater, FL 33756

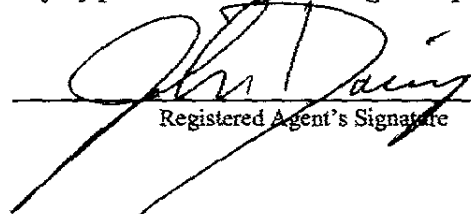
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

John Doering
Name

1527 B Sadlon Ave
Florida street address (P.O. Box **NOT** acceptable)
Clearwater, FL 33756
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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

John Doering

1527 B Sadlon Ave

Clearwater, FL 33756

FILED
03 SEP 24 PM
CLERK OF
HALLANDALE, FL

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

John Doering, Manager
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.)

John Doering, Manager
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)