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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

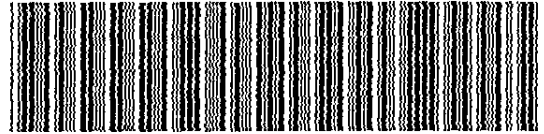
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 OCT 22 AM 8:22
TALLAHASSEE, FLORIDA

J. BRYAN OCT 28 2003

LEVY & DRONEY
LAWYERS COUNSELORS P.C.

SONDRA J. BEIT
Direct Dial: (860)676-3128
E-Mail: sbeit@ldlaw.com

Pond View Corporate Center
74 Batterson Park Road
Farmington, CT 06032

P.O. Box 887
Farmington, CT 06034-0887

860.676.3000 P
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www.ldlaw.com

October 21, 2003

VIA UPS

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

RE: Florida Revenue Recovery, LLC

Dear Sir/Madam:

Enclosed for filing are the Articles of Organization of Florida Revenue Recovery, LLC together with a check in the amount of \$155.00 to cover the following costs:

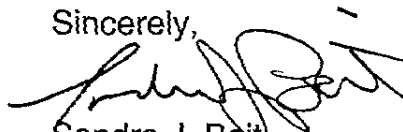
\$100.00 Filing Fee for Articles of Organization
25.00 Designation of Registered Agent
30.00 Certified Copy of Articles of Organization

Please forward the certified copy and letter of filing acknowledgment to me at the following address:

Sondra Beit
Levy & Droney, P.C.
74 Batterson Park Road
Farmington, CT 06034-0887

If you have any questions regarding the enclosed, please me directly at (860) 676-3128.

Sincerely,


Sondra J. Beit
Paralegal

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2003 OCT 22 AM 8:22
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Revenue Recovery, 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:

Sondra J. Beit
(Name of Person)

Levy & Droney, PC
(Firm/Company)

74 Batterson Park Road
(Address)

Farmington, CT 06034-0887
(City/State and Zip Code)

For further information concerning this matter, please call:

Sondra J. Beit at (860) 676-3128
(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

FILED
2003 OCT 22 AM 8:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2009 OCT 22 AM 8:22
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Revenue Recovery, LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o F&L Corp.

200 Laura Street

Jacksonville, FL 32202

Mailing Address:

c/o F&L Corp.

200 Laura Street

Jacksonville, FL 32202

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

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

F&L Corp.

Name

200 Laura Street

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

Jacksonville

FLORIDA 32202

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, Florida Statutes..

F&L Corp.

By

[Signature]
Registered Agent's Signature

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

Name and Address:

MGR

James R. Crozier, III

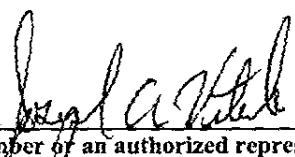
Northeast Financial Management Associates, LLC

250 State Street; Unit G-2; North Haven, CT 06473

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Joseph A. Vitale, Authorized Representative
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)

FILED
2003 OCT 22 AM 8:22
CORPORATIONS
TALLAHASSEE, FLORIDA