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AUTHORIZATION BY PHONE TO

CORRECT of date to be 02/23/04

DATE 03/12/04 @ 101/4 am.

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|----------|
| | |
| SUBJECT: US Asset Protection Solutions, LLC | |
| (Name of Limited Liability Company) | _ |
| SUBJECT: US Asset Protection Solutions, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Terence E. Walling (Name of Person) | |
| Please return all correspondence concerning this matter to the following: | , |
| Terence E. Walling | جب ان |
| (Name of Person) | 20 |
| US Asset Protection Solutions, LLC | ·O· |
| (Firm/Company) | |
| P.O. Box 13386 | |
| (Address) | |
| Ft. Pierce, FL 34979-3386 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Terence E. Walling at (772) 460-5222 | |
| (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

| ON ALA | COLUMN TO SERVICE STATE OF THE | | ; 'Y_C |
|--------------|--|------------|-----------|
| ON THE STATE | N. C. | CORAL ORDA | 10. S |

| US Asset Protection Solutions, LLC | S |
|---|--|
| ARTICLE II - Address: | |
| The mailing address and street address of | the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 1810 S. 32nd Street | P.O. Box 13386 |
| Ft. Pierce, FL 34947 | Ft. Pierce, FL 34979-3386 |
| | |
| | · |

Name

1810 S. 32nd Street

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

Ft. Pierce, FL 34947

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Terence E. Walling **MGRM**

1810 S. 32nd Street Ft. Pierce, FL 34947

Margie May-Walling 1810 S. 32nd Street **MGRM**

Ft. Pierce, FL 34947

ARTICLE V - Effective Date

The Articles of Organization shall be effective as of February 23, 2004

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 fat stated herein are true.)

TERENCE E. WALLING

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)