

L04000046739

Florida Department of State
Division of Corporations
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(((H04000130673 3)))

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

From: Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

LIMITED LIABILITY COMPANY
MANHATTAN FINANCIAL LLC

RECEIVED
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DIVISION OF CORPORATION

Certificate of Status	0
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J. BRYAN JUN 23 2004

(H04000130673 3)

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2004 JUN 22 AM 8:55
INCORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manhattan Financial LLC

ARTICLE II - Address:

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

Principal Office Address:

504 South Kings Avenue

Brandon, FL 33511

Mailing Address:

504 South Kings Avenue

Brandon, FL 33511

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

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

Jimmie Giles

Name

10429 Greenmont Drive

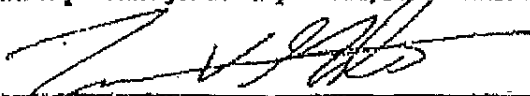
Florida street address (P.O. Box NOT acceptable)

Tampa

FLORIDA 33647

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

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JIMMIE GILES CORPORATION'S
TALLAHASSEE, FLORIDA

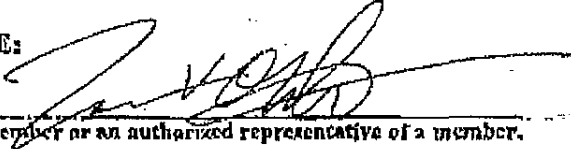
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
MGRM	Jimmie Giles
_____	10429 Greenmont Drive
_____	Tampa, FL 33647
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Jimmie Giles

Typed or printed name of signer

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