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2004 AUG 26 PM 2:15
TALLAHASSEE, FLORIDA

J. BRYAN AUG 30 2004



CREDIT FIX USA

Credit Restoration Specialists

creditus@bellsouth.net



8500 S.W. 8 Street, Suite 204
Miami, Florida 33144, U.S.A.

Ph. (305) 261-8000
Fax (305) 261-9000
1-877-5-SAVE ME
1-888-271-8488

August 23, 2004

Secretary of State
Registration Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find articles of Incorporation for Credit Fix USA Mortgage Division L.L.C. together with check for applicable fees.

Please accept this letter as an agreement and or authorization from Credit Fix USA to have this article filed without any objection.

If you have any question please do not hesitate to get in touch with me at 305-261-8000.

Truly yours,

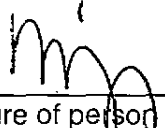
Credit Fix USA


Arnold Barbara
President

State of Florida,
County of Miami Dade

OUR 10th

The foregoing instrument was acknowledged before me this 23rd day of August 2004, by Arnold Barbara who is personally known to me.



Signature of person taking acknowledgment

Notary Public Name and Seal



Muriel Lopez
My Commission DD243299
Expires August 20, 2007

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: CREDIT FIX USA MORTGAGE DIVISION, L.L.C.

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

Please return all correspondence concerning this matter to the following:

Arnold R. Barbara

CREDIT FIX USA MORTGAGE DIVISION, L.L.C.

**8500 SW 8th Street, Suite #204
Miami, FL 33144**

For further information concerning this matter, please call:

Arnold R. Barbara at (305) 261-8000

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
CREDIT FIX USA
MORTGAGE DIVISION
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **CREDIT FIX USA MORTGAGE DIVISION, L.L.C.**

ARTICLE II - Address:

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

Principal Office Address:

**8500 SW 8th Street, Suite #204
Miami, Florida 33144**

Mailing Address:

**8500 SW 8th Street, Suite #204
Miami, Florida 33144**

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

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

**ARNOLD R. BARBARA
8500 SW 8th Street, Suite #204
Miami, Florida 33144**

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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JULIUS H. CORPORATION
TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

Managing Member

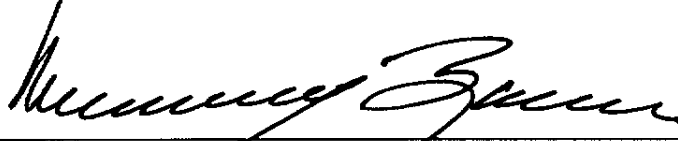
**Arnold R. Barbara
8500 SW 8th Street, Suite #204
Miami, FL 33144**

Manager

**Muriel Lopez
8500 SW 8th Street, Suite #204
Miami, FL 33144**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.)

ARNOLD R. BARBARA

Typed or printed name of signee