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(Ci	ty/State/Zip/F	Phone #)	
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(В	usiness Entit	y Name)	
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TALLAHASSEELFILE

Mark Berch 500 NE Spanish Trail Boca Raton, Fl 33432 561-843-7893

Monday, August 30, 2004

Registration Section Division of Corporations PO Box 6327 Tallahassee, FI 32314

To Whom It May Concern:

Please accept these articles of incorporation for the new LLC.

Mark Berch

SECRETARY DESTA

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Service Finance Company, 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:	
MARK Berch (Name of Person)	
(Name of Person)	
Service Financial Company, LLC (Firm/Company)	
500 NE Spanish Trail (Address)	<del></del>
Baca Raton, Fl 33432 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MACK Berck at (561) 843-7893 W W (Area Code & Daytime Telephone Number) (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

Service Finance Comp	XAY, LLC
ARTICLE II - Address: The mailing address and street address of the princip	
Principal Office Address:	Mailing Address:
1956 NE 5th Ave solte 8	1956 NE 5th Ave suite 8
Boca Raton, FI 33441	BOCA Ration F1 3344
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Mark Berch Name  1956 NE 5th Aye  Florida street address (P.O. Box  Boca Ratus  City, State, and Zi	Suite 8 NOT acceptable)  FLORIDA 3344

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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Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	MARK Berch	و د دو
	1956 NESTAYE, SATE 8	
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NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
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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)

Typed or printed name of signee