Iorida Department of State

Division of Corporations Public Access System

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To:

1. -

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633~9696

LIMITED LIABILITY COMPANY

5845 loan lic

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF ORGANIZATION

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5845 LOAN LLC

2004 OCT 15 A II: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

5845 LOAN LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the offices of this Company is: 3375 SW 3RD AVENUE MIAMI FLORIDA 33145.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

LMC Consulting Group, Inc., a Florida Corporation PO Box 143768 Miami Florida 33114

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the Geath, 5 A 11: 23 retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall of STATE be: determined by a unautmous vote of the remaining holders of all of the Membership Interests FLORIDA to continue to conduct the business of the Company under the Company's name.

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmat on under the penalties of perjury that the facts stated herein are true.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND A 11: 23 REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: 5845 LOAN LLC, A FLORIDA LIMITED LIABILITY COMPANY
- The name and the Florida street address of the registered agent are:

Lissette Calderon

3375 SW 3rd Avenue
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33145 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 certifica's. 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.

SIGNATURE

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