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2004 OCT 28 7 3: 17 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 14, 2004

SABY L. FABELO 22 NE 43RD STREET MIAMI, FL 33137

SUBJECT: ISLANDS MORTGAGE & INVESTMENTS, LLC Ref. Number: W04000037915

We have received your document for ISLANDS MORTGAGE & INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 404A00059302

TRANSMITTAL LETTER

	egistration Section evision of Corporations			FILED
SUBJECT		MORTGAGE imited Liability Company)	& INVEST.	SECRETARY OF STATE TALLAHASSEE, FLORID.
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Salo	(Name of Person)	abelo	<u>) </u>
(Firm/Company)				
	22 NE 43	Sid Street	2	
(Address)				
	MIANI, F	(City/State and Zip Code)	137	
For further information concerning this matter, please call:				
	saba L. Fabela	D at (305)	498-9278	\mathcal{B}_{-}
	Name of Person)	(Area Code & D	aytime 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 **ARTICLE I - Name:** The name of the Limited Liability Company is: <u>Investment</u> **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) 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

(CONTINUED)

Registered Agent's Signature

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, F.S..

FILE ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2004 OCT 28 P Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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

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)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)