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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone

(305)599-0839

Fax\_Number

(305)716-0346

AMERICAN PRIME CREDIT SOLUTIONS, LLC

Certificate of Status Û Certified Copy 1 Page Count 01 Estimated Charge \$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

American Prime Credit Solutions, LLC

## ARTICLE II - Address:

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

5805 Blue Lagoon Dr. Suite 480, Miami, Fl 33126

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Margarita Galiana 5805 Blue Lagoon Dr, Suite 480 Miami, FL 33126

Having being 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 508, F.S.

Registered Agent's Signature

ARTICLE III - Management (check box if applicable)

[ ] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed dompany.

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(In accordance with section 608.408(3), Flerida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LOMAR GROUP, LLC, by Margarita Galiana, Managing Member

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