

W0400002307493

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Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number : 120010000135
Phone : (561) 586-3645
Fax Number : (561) 586-6335

LIMITED LIABILITY COMPANY

Arian, Lopez and Wall Funding, LLC

Certificate of Status	0
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COMPLIANCE CONSULTING

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glanda E. Hood
Secretary of State

November 19, 2004

COMPLIANCE CONSULTING CORP. OF FLORIDA

SUBJECT: ARIAN, LOPEZ AND WALL FUNDING, LLC
REF: W04000042593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability company is:

Arian, Lopez and Wall Funding, LLC

ARTICLE II - Address:

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

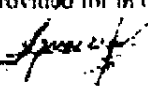
**21103 NE 3rd Avenue
North Miami Beach, FL 33179**

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are (P.O. Box NOT acceptable)

**Ignacio S. Arian
21103 NE 3rd Avenue
North Miami Beach, FL 33179**

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, F.S.


Registered Agent's signature

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

Name and Address:

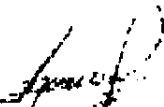
**MGRM
Ignacio S. Arian
21103 NE 3rd Avenue
North Miami Beach, FL 33179**

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TALLAHASSEE, FLORIDA

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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.)

Ignacio S. Arian, MGRM
Typed or printed name of signer

(H040002307493)