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To:
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Fax Number : (850)205-0383

From: Diana M. Guerra (Ext. 45546)
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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# LIMITED LIABILITY COMPANY

## MM/ATLANTIC CREDIT HOLDINGS, LLC

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# ARTICLES OF ORGANIZATION
# OF
# MM/ATLANTIC CREDIT HOLDINGS, LLC

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TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**
The name of the Limited Liability Company is: **MM/ATLANTIC CREDIT HOLDINGS, LLC**

**ARTICLE II: - Address**
The mailing address and street address of the principal office of the Limited Liability Company are:

**500 S. Palm Avenue, Penthouse**
**Sarasota, Florida 34236**

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

**American Information Services, Inc.**
**One S.E. Third Avenue, 28th Floor**
**Miami, Florida 33131**

*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.*

American Information Services, Inc.,
Registered Agent

By: _____
Diana M. Guerra, Assistant Secretary

Signed and dated on December 28, 2004

_____
Scot Patrick O'Brien,
Authorized Representative

(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.)

Scot Patrick O'Brien
Typed or printed name of signee