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DOUGLAS J. BURNS, P.A.

Attorney at Law

Certified Public Accountant

Water's Edge Office Center
2963 Gulf-to-Bay Blvd. - Suite #120
Clearwater, FL 34619
Ph. (727) 725-2553
Fax (727) 725-9584



December 30, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: ASSURED INCOME FUND, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the above-referenced Articles of Organization along with my check in the amount of \$125.00 for the filing fee. Please file the Articles at your earliest convenience and return the confirmation of filing to this office.

Do not hesitate to contact me if you have questions.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas J. Burns".

Douglas J. Burns

DJB:isb

Enclosures

**ARTICLES OF ORGANIZATION
FOR
ASSURED INCOME FUND, L.L.C.**

The undersigned, he being a person, competent to contract for the purpose of forming a limited liability company under the laws of the State of Florida, does hereby adopt the following articles of organization in accordance with Section 608.401.

ARTICLE I

NAME OF BUSINESS: The name of the Limited Liability Company shall be Assured Income Fund, L.L.C.

ARTICLE II

NATURE OF BUSINESS: The general nature and purpose of business to be transacted, promoted and carried on by the company is to engage in any activity or business now or hereafter authorized and permitted under the laws of the United States and the State of Florida to be done or exercised by a company organized for profit.

ARTICLE III

INITIAL CAPITAL: The amount of capital with which this company shall begin business is Five Hundred and 00/100 Dollars (\$500.00).

ARTICLE IV

TERM OF EXISTENCE: This company shall have a perpetual term of existence, commencing upon receipt of these Articles by the Secretary of State.

ARTICLE V

ADDRESS OF BUSINESS: The initial mailing and business address of the principal office of the proposed company in the State of Florida shall be:

2963 Gulf to Bay Blvd. #120A
Clearwater, Florida 33759

ARTICLE VI

INITIAL REGISTERED AGENT: The name and street address of the initial registered agent is: Jed Bades, 2963 Gulf To Bay Blvd. #120A, Clearwater, FL 33795.

ARTICLE VII

MANAGEMENT: The Limited Liability Company is to be a manager-managed company.

05 JAN -3 PM 3:24
JED BADES
2963 GULF TO BAY BLVD
CLEARWATER, FL 33795

IN WITNESS WHEREOF, the undersigned subscriber to this instrument, Articles of Organization of Assured Income Fund, L.L.C. places his hand and seal this 30th day of December 2004, at Clearwater, Florida.

In the presence of:

Doug Burns
WITNESS Doug Burns

Barbara G. Kline
WITNESS BARBARA J. KLINE

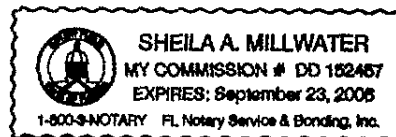
Jed Bandes
Jed Bandes, Member

STATE OF FLORIDA)
) ss
COUNTY OF PINELLAS)

BEFORE ME personally appeared JED BANDES, personally known to me or who produced _____ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization and who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

WITNESS my hand and seal on this 30 day of December 2004, at CLEARWATER, FL.

Sheila A. Millwater
NOTARY PUBLIC
STATE OF FLORIDA
Printed Name: _____
My Commission expires: _____



CERTIFICATION OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is Assured Income Fund, L.L.C.
2. The name and the Florida street address of the registered agent is:

Jed Bandes, 2963 Gulf to Bay Blvd. #120A,
Clearwater, FL 33759.


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 properly and complete my duties, and I am familiar with and accept the obligations of my position as registered agent.


JED BANDES

STATE OF FLORIDA)
) ss
COUNTY OF PINELLAS)

BEFORE ME personally appeared JED BANDES, personally known to me or who produced _____ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Resident Agent to the foregoing Articles of Organization who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

WITNESS my hand and seal on this 30 day of December 2004, at Clearwater, Florida.


NOTARY PUBLIC
STATE OF FLORIDA
Printed Name: _____
My Commission expires: _____

