

LOS 000022699

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHUTTS & BOWEN LLP HEALTH LAW GROUP II
Account Number : I20050000022
Phone : (305) 347-7352
Fax Number : (305) 347-7854

LIMITED LIABILITY COMPANY

BARRISTER RECEIVABLES, LLC

Certificate of Status	0
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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
2005 MAR -7 PM 3:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BARRISTER RECEIVABLES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2151 Le Jeune Road, Mezzanine
Coral Gables, FL 33134

Mailing Address:

P.O. Box 347753
Coral Gables, FL 33234

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

The name and the Florida street address of the registered agent are:

J. Everett Wilson, Esq.

Name

201 S. Biscayne Boulevard, Suite 1500

Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33131

FL

City, State, and Zip

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.

[Signature]
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

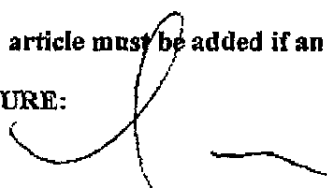
MGRM

Barrister Holdings, LLC

P.O. Box 347753

Coral Gables, FL 33324

(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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Everett Wilson, Authorized Representative of MGRM

Typed or printed name of signer

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**
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