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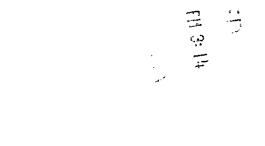
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: 3/28 FT LC | | |
| | | |
| | | |

Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Sec Division of Cor | | | | |
|---|---|--|------------------|--|
| SUBJECT: | FREEDOM FINANC | AL FUNDING, LLC | | |
| | (Name of Limited | l Liability Company) | | |
| | Organization and fee(s) are su | | | |
| | KRYSTA | L R. DALEY | | |
| ,,,, | | lame of Person) | | |
| | | | | |
| | | ANCIAL FUNDING, LLC | | |
| | (I | Firm/Company) | | |
| | | | | |
| | 2701 E. | SUTTON DRIVE | | |
| | | (Address) | | |
| | | | | |
| | MIRAMAR, FLORIDA 33025 | | | |
| | (City/State and Zip Code) | | | |
| For further information of | concerning this matter, please | call: | | |
| KRYSTAL | . R. DALEY | at (786) 262 | -4841 | |
| (Name of Person) | | (Area Code & Daytime To | elephone Number) | |
| Enclosed is a check fo | r the following amount: | | | |
| □ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | | |
| STREET ADDRESS: Registration Section | | MAILING A Registration S | | |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

28 PH 3: IS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|--|--|
| FREEDOM FINAL | NCIAL FUNDING, LLC | | | |
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 2701 E. SUTTON DRIVE | P.O. BOX 260566 | | | |
| MIRAMAR, FLORIDA 33025 | PEMBROKE PINES, FL. 33026-7566 | | | |
| Florida s | SUTTON DRIVE Street address (P.O. Box <u>NOT</u> acceptable) | | | |
| | | | | |
| | AMAR, FL 33025 7, State, and Zip | | | |
| liability company at the place designate registered agent and agree to act in this of statutes relating to the proper and comp | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S. | | | |

(CONTINUED)

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

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

| Name and Address: |
|------------------------|
| |
| |
| DWAYNE L. STANLEY |
| 9791 ENCINO COURT |
| MIRAMAR, FLORIDA 33025 |
| RAY BARTLEY |
| 11202 NW 21st COURT |
| MIAMI, FLORIDA 33167 |
| KRYSTAL R. DALEY |
| 2701 E. SUTTON DRIVE |
| MIRAMAR, FLORIDA 33025 |
| MAYE R. ALEXANDER |
| 9791 ENCINO COURT |
| MIRAMAR, FLORIDA 33025 |
| |

(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.)

KRYSTAL R. DALEY

Typed or printed name of signee

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)