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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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NOTIFICATION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

A. E. J. MORTGAGE SOLUTION, LLC.

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

A . E . J . MORTGAGE SOLUTION, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

A . E . J . MORTGAGE SOLUTION, LLC.

ARTICLE II - ADDRESS

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

**9090 NW SOUTH RIVER DR. # 31
MEDLEY, FL 33166**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ALBERTO OLIVA

9090 NW SOUTH RIVER DR. # 31

Florida street address (P.O.BOX NOT acceptable)

MEDLEY, FL 33166

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

**BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33166
(305) 485-0300**

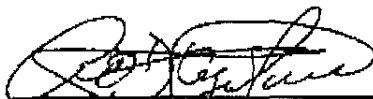
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capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ALBERTO OLIVA
9090 NW SOUTH RIVER DR. # 31
MEDLEY, FL 33166

MANAGER

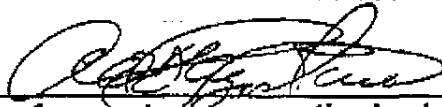
JUAN D. AMADOR
9090 NW SOUTH RIVER DR. # 31
MEDLEY, FL 33166

MANAGER

ELI A. OCHOA
9090 NW SOUTH RIVER DR. # 31
MEDLEY, FL 33166

MANAGER

(An additional article must be added if an effective date is requested).



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.)

ALBERTO OLIVA

Typed or printed name of signer

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