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· TRANSMITTAL LETTER

| TO: Registration Sec Division of Corp | | | |
|---|---|---|--|
| SUBJECT: Genuine L | ending, LLC (Name of Limited | Liability Company) | |
| | | | |
| The enclosed Articles of | Organization and fee(s) are sul | bmitted for filing. | |
| Please return all correspondence concerning this matter to the following: | | | |
| la chua O | Montant | | |
| Jaclyn G. Muskat (Name of Person) | | | |
| | | | |
| Genuine Lending, LL | С | | |
| 3, | | irm/Company) | |
| | | | |
| 500 Universi | ty Boulevard, Suite 218 | | |
| | | (Address) | |
| | | | |
| Jupite | r, Florida 33477 | 21-4 | |
| | (City/S | State and Zip Code) | |
| For further information of | concerning this matter, please o | eall: | |
| | | 744 4445 | |
| Jaclyn G. Muskat (Name | of Person) | at (561 741-1415 (Area Code & Daytime Te | elephone Number) |
| ` | , | · - | |
| Enclosed is a check fo | r the following amount: | | |
| ☑ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ET ADDRESS: ration 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | - - | | | |
|---|---|--|--|--|
| The name of the Limited Liability Company is: | | | | |
| Genuine Lending, LLC | · · · · · · · · · · · · · · · · · · · | | | |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 500 University Boulevard, Suite 218 | 500 University Boulevard, Suite 218 | | | |
| Jupiter, Florida 33458 | Jupiter, Florida 33458 | | | |
| The name and the Florida street address o Jaclyn G. Muskat, Esq. | | | | |
| | Name | | | |
| 500 University Boulevard, Suite 218 | | | | |
| Florida st | reet address (P.O. Box <u>NOT</u> acceptable) | | | |
| Jupiter 33458 City, | State, and Zip | | | |
| liability company at the place designate registered agent and agree to act in this contact statutes relating to the proper and comp | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all elete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S. | | | |

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | Jaclyn G. Muskat |
| | |
| | |
| | |
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| | |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be | added if an effective date is requested. |
| (In accordance with section of this document constitute | an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury |
| that the facts stated here | in are true.) |
| | 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)

ARTICLE V - EFFECTIVE DATE

The effective date of this limited liability company is May 17, 2005.

Jaclyn G. Muskat