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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205~0383

From:

1 Th.

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

LIMITED LIABILITY COMPANY

paradise funding, llc

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 28, 2005

EMPIRE

SUBJECT: PARADISE FUNINGD, LLC

REF: W05000031434

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

PARADISE FUNDING, LLC

ARTICLE I

The name of the Limited Liability Company shall: PARADISE FUNDING, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 17801 NW 2ND AVENUE, SUITE 207, MIAMI, FL 33169.

ARTICLE IV

The name of the Member(s) of this company:

Member

Member

REGINALD PIERRE

JOE OWANIKIN

Member

DARYL BURROWS

ARTICLE V

The name and the Florida street address of the registered agent: JOE OWANIKIN, 17801 NW 2ND AVENUE, SUITE 207, MIAMI, FL 33169.

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FILED

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SECKE JAKE OF PLORIDA
TAIL AHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

PARADISE FUNDING, LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

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.)

Typed or printed name of signoc

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