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

From:  
Account Name : FRANCIS X. CASTORO, P.A.  
Account Number : I20020000153  
Phone : (954) 922-0505  
Fax Number : (954) 922-4674

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**CONTINENTAL FUNDING OF FLORIDA, LLC.**

Certificate of Status	1
Certified Copy	0
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Frank Castoro

954-202-7390

P.2

Sep. 1. 2005 10:29AM

Lack @ Union Title Corp.

No. 0561 P. 1

LAW OFFICES OF  
FRANCIS X. CASTORO, P.A.  
6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309  
TELEPHONE: 954-922-0505  
TELECOPIER: 954-491-8720

H050002094983

September 1, 2005

Attn: ELECTRONIC FILING / FACSIMILE SECTION  
FLORIDA DEPARTMENT OF STATE  
P. O. Box 6327  
Tallahassee, Florida 32314

FAX NUMBER: : PAGE SENT: 3

RE: FORMATION OF LIMITED LIABILITY COMPANY

ACCOUNT NUMBER: I20020000153

LLC BEING FORMED: CONTINENTAL FUNDING OF FLORIDA, LLC

05 SEP - 1 PM 4:19  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dear Ms. Secretary:

Please find transmitted the following:

- A. ARTICLES OF ORGANIZATION
- B. DESIGNATION OF REGISTERED AGENT

BILLING: Please charge the Filing Fee to the above-noted Account.

After filing, please forward the CERTIFICATE representing the filing of the above LLC TO:

FRANCIS X. CASTORO, Esq.  
FRANCIS X. CASTORO, P.A.  
6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309

If you have any comments or questions, please do not hesitate to contact my office.

Sincerely,

Frank Castoro  
FXC/jg  
encls.

H050002094983

Sep. 1. 2005 10:29AM Frank Castoro  
Lack @ Union Title Corp.

954-202-7390

No. 0561 P. 2

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H050002094983

**ARTICLES OF ORGANIZATION  
FOR  
CONTINENTAL FUNDING OF FLORIDA, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **CONTINENTAL FUNDING OF FLORIDA, LLC**, a Florida Limited Liability Company.

**ARTICLE II - ADDRESS**

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

**6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309**

**ARTICLE III - EFFECTIVE DATE / DURATION**

The Effective Date of this filing is: **SEPTEMBER 1, 2005**. The period of duration for the Limited Liability Company shall be: **PERPETUAL**.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the Managing Member. The name and address of the Managing Member is:

**FRANK CASTORO  
6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the existing Members to admit additional Members and the terms and conditions of the admissions shall be only upon the express unanimous approval of the existing Members.

In accordance with section 608.408(3), Florida Statutes, the execution of this instrument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
BY: FRANK CASTORO

H050002094983

Frank Castoro

954-202-7390

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Sep. 1. 2005 10:30AM

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No. 0561 P. 3

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **CONTINENTAL FUNDING OF FLORIDA, LLC.**
2. The name and address of the Registered Agent and office is:  
**FRANCIS X. CASTORO  
6555 POWERLINE ROAD, SUITE 301  
FORT LAUDERDALE, FLORIDA 33309**

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.

  
BY: **FRANCIS X. CASTORO**  
DATE: **SEPTEMBER 1, 2005**

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