

Sep 12 2005 5:02PM  
Division of Corporations

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Page 1 of 1

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LIMITED LIABILITY COMPANY

PEAKS & VALLEYS MORTGAGE BROKERS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PEAKS & VALLEYS Mortgage Brokers, 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:**

3401 NW 82nd Ave Suite #230  
Miami FL 33127

STAMP

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARTIN M. ALONSO  
Name  
3401 NW 82nd Ave Suite 230  
Florida street address (P.O. Box **NOT** acceptable)  
Miami FL 33127  
City, State, and Zip

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the position of registered agent and agree to act in that capacity. I further agree to comply with the provisions of the 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.

[Signature]  
Registered Agent's Signature

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Sep 12 2005 5:02PM ECFS

3054444977

P.6

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

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

MARTHA M. ALONSO  
3401 NW 82nd Ave Suite #230  
MIAMI FL 33122

MGRM

JEANNETTE AGUILAR  
3401 NW 82nd Ave Suite #230  
MIAMI FL 33122

MGRM

ESTRELLA CRESPO  
3401 NW 82nd Ave Suite #230  
MIAMI FL 33122

(Not at all if necessary)

NOTE: An additional article must be added if an effective date is required.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the Signer of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

MARTHA M. ALONSO  
Typed or printed name of signer

**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)

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