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Florida Department of State  
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Account Name : HUBCO  
Account Number : 104662003400  
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## LIMITED LIABILITY COMPANY

Cobalt Acceptance, LLC

Certificate of Status	1
Certified Copy	0
Page Count	0203
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## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 14, 2005

HUBCO

SUBJECT: COBALT ACCEPTANCE CORPORATION, LLC  
REF: W05000042622

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.

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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Tammi Cline  
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Cobalt Acceptance, LLC**

## ARTICLE II - Address

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

Principal Office Address:17036 91st Place N.Loxahatchee, FL 33470Mailing Address:17036 91st Place N.Loxahatchee, FL 33470

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Stacie Grimm

Name

17036 91st Place N.(P.O. Box or Mail Drop Box NOT Acceptable)Loxahatchee, FL 33470

(City / State / 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 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.*

Stacie Grimm

Registered Agent's Signature - Stacie Grimm

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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:**MGRMStacie Grimm- 17036 91st Place N., Loxahatchee, FL 33470MGRMKristle LaCrosse- 5200 Hollywood Boulevard, Apt. 7, Hollywood, FL 33021

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Stacie Grimm  
 Signature of a member or 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. )

Stacie Grimm

Typed or printed name of signee

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