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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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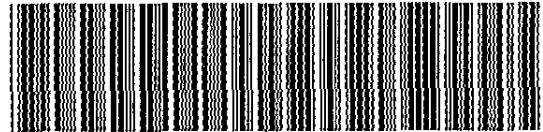
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EFFECTIVE DATE
2/19/06

02/23/06--01023--007 **130.00

06 FEB 23 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

MATTHEW D. WEIDNER
Attorney at law



1229 Central Avenue
St. Petersburg, Florida 33705-1691

TELEPHONE: (727) 894-3159
FACSIMILE: (727) 894-2953

February 21, 2006

Filing Application for Saint Petersburg Funding LLC

Very truly yours,

Matthew D. Weidner

MDW/mb

ENC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAINT PETERSBURG FUNDING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW WEIDNER

(Name of Person)

MATTHEW WEIDNER

(Firm/Company)

1229 CENTRAL AVE

(Address)

SAINT PETERSBURG FL 33705

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW WEIDNER

(Name of Person)

at (727) 822-9100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
2/19/06

SAINT PETERSBURG FUNDING, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1229 CENTRAL AVENUE
SAINT PETERSBURG FL 33705

Mailing Address:

1229 CENTRAL AVENUE
SAINT PETERSBURG FL 33705

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MATTHEW WEIDNER

Name

1229 CENTRAL AVENUE

Florida street address (P.O. Box **NOT** acceptable)

SAINT PETERSBURG FL 33705

City, State, and 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MGR

MATTHEW WEIDNER

1229 CENTRAL AVENUE

SAINT PETERSBURG FL 33705

MGRM

JOHN CAPP

1229 CENTRAL AVENUE

SAINT PETERSBURG, FL 33705

MGRM

JOHN CAPP, II

1229 CENTRAL AVENUE

SAINT PETERSBURG FL 33705

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/19/2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

MATTHEW WEIDNER

Typed 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED