# Florida Department of State

Division of Corporations
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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

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IVIS:ON OF CORPORATION

WALKER YVONNE & ASSOCIATES, LLC

Certificate of Status	0
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Page Count	03
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J. BRYAN MAR 2 3 2006

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### ٧Y

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
WALKER YVONNE & ASSOCIATES, 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	f the principal office of the Limited Liability Configuration
Principal Office Address:	Mailing Address:
9165 PARK DRIVE	9165 PARK DRIVE
STE: 8	STE: 6
MIAMI SHORES, FL 33138	MIAMISHORES, FL 33138
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ESTIME-1	THOMPSON, P.A.
	Name
	K DRIVE STE: 8
Florida si	treet address (P.O. Box <u>NOT</u> acceptable)
MIAMI SHORES	FL 33138
City	, State, and Zip

Having been named as registered agent and to accept service of process for the above stated corporation 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 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.

(CONTINUED) Page 1 of 2

## (((H06000075909)))

<u>Title:</u> "MGR" = Manager "MGRM" ≈ Managing Member	Name and Address:
MRGM	YVONNE WALKER
	9166 PARK DRIVE STE: 8
	MIAMI SHORES, FL 33138
MGRM	FIRST LOAN SOLUTIONS, INC.
	9165 PARK DRIVE STE: 8
	MIAMI SHORES, FL 33138
	,
(Use attachment if necessary)  LE V: Effective date, if other than	the date of filing:, (OPTIONA
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