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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AS IS LOANS, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AS IS LOANS, 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:PO Box 245190Pembroke Pines33024-5190**Mailing Address:**PO Box 245190Pembroke Pines33024-5190**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:

Brian Matlin

Name

9900 West Sample Road, Third FloorFlorida street address (P.O. Box NOT acceptable)Coral Springs, FL 33065

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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

PO Box 245190

Pembroke Pines

33024-5190

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 608.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joshua Perez

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)