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Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WHITE PLAINS, LLC

Certificate of Status	1
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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:

WHITE PLAINS, 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:

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

Mailing Address:

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

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:

ESTIME-THOMPSON, P.A.

Name

9165 PARK DRIVE STE:8

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

Signature/Registered agent

(CONTINUED)

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ATTACHMENT FOR MGRM

2006 MAR 23 A 10:08

FIRST LOAN SOLUTION, INC.
ENISE SIMEON
MARCELIN ST SURYN
REGINA GUILLAUME
OMAR SINGH
SHARNA SINGH
SUZELLA JOSEPH
CHANTAL PLANCER
YOLETTE LE CORPS
ARAL LE CORPS
ROLVET ANGERVIL
PANES REMILIEN
ELNOR GEMEILLE
RITHA PIERRE
JEAN-CLAUDE PIERRE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDRESS:

9165 PARK DRIVE, STE:8
MIAMI SHORES, FL 33165

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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:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEE ATTACHMENT

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RITHA PIERRE

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)