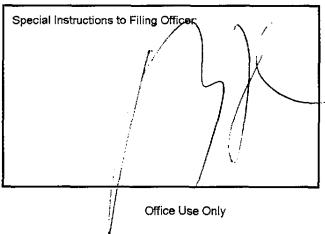
## L06000034424

	(Requestor's Name)	
	(Address)	
	(Address)	<del></del>
	(City/State/Zip/Phone #)	
PICK-U	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
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FILED
2006 APR -3 PM 3: 08

RECEIVED

06 APR -3 M 11: 54

DIVISION OF CONTORATION



ACCOUNT NO. : 07210000032

REFERENCE :

**59269 7521609** 

THE PASSEE FULL

AUTHORIZATION STALL

COST LIMIT : \$ 125.00

ORDER DATE: April 3, 2006

ORDER TIME : 12:06 PM

ORDER NO. : 959269-005

CUSTOMER NO: 7521609.

## DOMESTIC FILING

NAME: RESURGENCE FUNDING I, LLC

## EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cynthia Woodyard - EXT. 2938

EXAMINER'S INITIALS:

RTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name:	養養なの		
The name of the Limited Liability Compa	IR FLORIDA LIMITED LIABILITY COMPANY any is:		
Resurgence Funding I, LLC			
(Must and with the words "Limited Liability Company	"Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
	the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
7347 Sedona Way	7347 Sedona Way		
Delray Beach, FL 33446	Delray Beach, Fl 33446		
	A DOC - O Desistered A and Signatures		
business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of Dr. David Schimei	n Registered Agent. You must designate an individual or another of the registered agent are:  Name		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Dr. David Schimel  7347 Sedona Way	n Registered Agent. You must designate an individual or another of the registered agent are:  Name		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Dr. David Schimel  7347 Sedona Way	n Registered Agent. You must designate an individual or another of the registered agent are:  Name		

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2

Title: "MGR" = Mai "MGRM" = M	nager fanaging Member	Name and Address:
MGRM		Dr. David Schimel
	<del></del>	7347 Sedona Way
		Deiray Beach, Fl 33446
	<del></del>	
WATER TO THE RESERVE		
	<del></del>	
(Use attachmen	nt if necessary)	
LE V: Effective date is	ve date, if other than the	date of filing: (OPTION). e specific and cannot be more than five business da
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must be	date of filing: (OPTION as specific and cannot be more than five business dates
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:	e specific and cannot be more than five business da
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:	date of filing: (OPTION) e specific and cannot be more than five business da  Market
LE V: Effective frective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with sec	e specific and cannot be more than five business da  or or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periory

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)