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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COLUMBIA ESTATES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Columbia Estates, 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:Mailing Address:9165 Park Drive
Suite #8
Miami Shores, FL 331389165 Park Drive
Suite #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

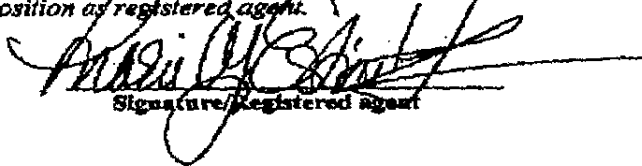
9165 Park Drive Ste 8

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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:

MGRM

First Loan Solution
9165 Park Drive Ste 8
Miami Shores, FL 33138

MGRM

Paula Germain
9165 Park Drive Ste 8
Miami Shores, FL 33138

MGRM

Paul Germain
9165 Park Drive Ste 8
Miami Shores, FL 33138

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Paula Germain

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paula Germain

Typed or printed name of signer

Apr 06 2006 23:15

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ATTACHMENT

GRANVILLE DICKSON
SHIRLEY DICKSON
ANTOINETTE PHILIPPE
MARIE PHILIPPE

MGRM
MGRM
MGRM
MGRM

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AND
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TALLAHASSEE, FLORIDA