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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

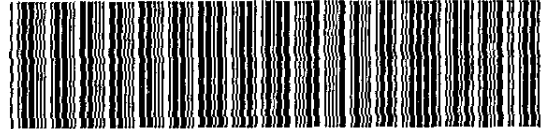
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M. HODGES

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL COMMERCIAL COLLECTIONS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARMONY HENDERSON
(Name of Person)

NATIONAL COMMERCIAL COLLECTIONS, LLC
(Firm/Company)

17311 LOCKWOOD RIDGE DR.
(Address)

TAMPA, FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA HENDRIX at (813) 996-1472
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL COMMERCIAL
COLLECTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

17311 LOCKWOOD RIDGE DR.
TAMPA, FL 33647

Mailing Address:

17311 LOCKWOOD RIDGE DR.
TAMPA, FL 33647

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

HARMONY HENDERSON
Name
17311 LOCKWOOD RIDGE DR.
Florida street address (P.O. Box NOT acceptable)
TAMPA, FL 33647
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..

Harmony Henderson
Registered Agent's Signature

(CONTINUED)

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TAMPA, FL 33602

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

MGR

MGRM

Name and Address:

HARMONY HENDERSON
17311 LOCKWOOD RIDGE DR.
TAMPA, FL 33647

RONA KAY FUCHS
17309 LOCKWOOD RIDGE DR.
TAMPA, FL 33647

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Harmony Henderson
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.)

HARMONY HENDERSON
Typed or printed name of signee

Filing Fees:

- 155 { \$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)