

05/03/2006 15:09

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Division of Corporations

BERRIZ & GIRALDO P.A.

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To:

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Fax Number : (850) 205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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06 MAY -3 AM 8:14
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CAPITAL LENDING SERVICES, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

CAPITAL LENDING SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CAPITAL LENDING SERVICES, LLC.

ARTICLE II - ADDRESS

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

**2665 SW 37 AVE SUITE 1515
MIAMI, FL. 33133**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

LUIS ANGEL SANCHEZ

2665 SW 37 AVE SUITE 1515

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33133
City, State, and Zip

BERRIZ & GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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406 000 124 692 3.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CESAR SANCHEZ
2665 SW 37 AVE SUITE 1515
MIAMI, FL. 33133

MANAGER

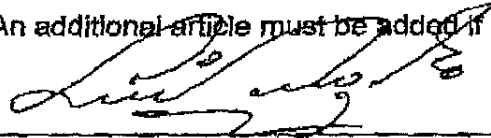
ANGEL SANCHEZ
2665 SW 37 AVE SUITE 1515
MIAMI, FL. 33133

MANAGER

LUIS ANGEL SANCHEZ
2665 SW 37 AVE SUITE 1515
MIAMI, FL. 33133

MANAGER

(An additional article must be added if an effective date is requested)


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.)

LUIS ANGEL SANCHEZ
Typed or printed name of signee

406 000 124 692 3.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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