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2006 APR 28 P 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

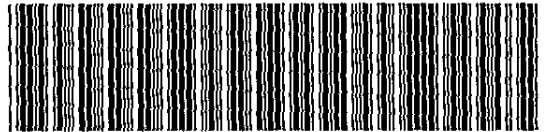
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**THE CORTES**  
LAW GROUP P.A.  
*Attorneys and Counselors at Law*

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2006 APR 28 P 3:48  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
KISSIMMEE, FLORIDA  
HOLLYWOOD, FLORIDA  
SAN JUAN, PUERTO RICO  
BOGOTÁ, COLOMBIA  
AREQUIPA, PERÚ

April 24 , 2006

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Skyland Lending Group, LLC

Dear Sir or Madame:

Enclosed please find the Articles of Organization of Skyland Lending Group Limited Liability Company and \$160.00 to cover the filing fee, certificate of Status and certified copy.

Please send us all the correspondence concerning this mater to our office.

We are sending the Express Mail envelope and stamp to be returned with the documents.

If you have any questions, do not hesitate to contact the undersigned.

Sincerely,

  
Hernán Cortés Rodríguez, Esq.

Enclosures: As stated.

Copy: File(s)

3501 W. Vine Street (U.S. 192), Suite 273, Kissimmee, FL 34741  
Telephone (407) 624-4034 Facsimile (407) 386-2571  
E-Mail: corteslaw@earthlink.net  
[www.corteslawgroup.com](http://www.corteslawgroup.com)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited Liability Company is:

**Skyland Lending Group, LLC**

**ARTICLE II- Address:**

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

**Principal Office Address:**

50 West Oak St.  
Kissimmee, FL 34741

**Mailing Address:**


50 West Oak St.  
Kissimmee, FL 34741

**ARTICLE IV - 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

Fabián Cancel  
50 W. Oak Street  
Kissimmee, FL 34741

*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..*

  
Register Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE V - Manager(s) or Managing Member (s)**

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

**Title:**

**"MGR"= Manager**

**"MGRM"=Managing Member**

**Name and Address:**

MGRM

FABIAN CANCEL

50 W. Oak Street

Kissimmee, FL 34741

(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 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.)

FABIAN CANCEL

Typed or Printed name of signee