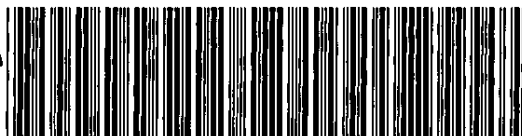


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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM LOANS . NET , LLC
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

CRISTIAN E. VILLEGAS

(Name of Person)

(Firm/Company)

110 N. Federal Hwy # 518

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

KEN DAWSON

(Name of Person)

at (954) 647-1948

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
DREAMLOANS.NET, LLC

In compliance with Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Florida Limited Liability Company shall be **DREAMLOANS.NET, LLC** and shall exist perpetually.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address shall be 2351 NW 33RD Street, #505 Oakland Park, Florida 33309

ARTICLE III - REGISTERED AGENT

The name and address of the initial Registered Agent is;

Michael R. McLane 110 N. Federal Hwy, #518, Fort Lauderdale , Florida,
33301

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and 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.


Michael R. McLane/Registered Agent

6-2-06

Date

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each manager or managing member is as follows:

TITLE

NAME & ADDRESS

FILED

MGR

Cristian E. Villegas 110 N Federal
Hwy, # 518, Fort Lauderdale, Florida
33301

2006 JUN 22 P 2:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

MGR

Michael R. McLane 110 N Federal
Hwy, # 518, Fort Lauderdale, Florida
33301

ARTICLE V - EFFECTIVE DATE

The effective date of this limited liability company shall be the date of filing.

REQUIRED SIGNATURE:



Signature of Member or 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.

CRISTIAN E. VILLEGAS

Typed or printed name of signee