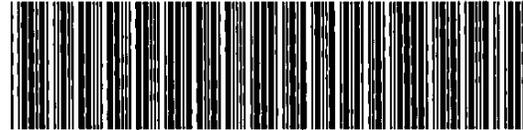


206000069439



100076571991

07/13/06--01001--007 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*BRK*

Office Use Only

**FILED**  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RECEIVED**  
06 JUL 12 PM 3:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd. - Melissa A. Murry

Requester's Name

1540 Glenway Drive

Address

Tallahassee, FL 32301 656-7956

City/State/Zip

Phone #

Office Use Only

FILED  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ATHENA PREMIUM FUNDING II, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

Walk in

Pick up time

7/13/2006

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

**AMENDMENTS**

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

**OTHER FILINGS**

Annual Report

Fictitious Name

**REGISTRATION/QUALIFICATION**

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Athena Premium Funding II, LLC  
(Name of Limited Liability Company)

**FILED**  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Melissa A. Murry  
(Name of Person)

Incorporating Services, Ltd.  
(Firm/Company)

1540 Glenway Dr.  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa at ( ) 656.7956  
(Name of Person) (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

**FILED**  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Athena Premium Funding II, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

301 Yamato Road, Suite 3198  
Boca Raton, FL 33431

**Mailing Address:**

301 Yamato Road, Suite 3198  
Boca Raton, FL 33431

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

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

SHL Holdings, LLC, Attn: Mr. Steven H. Levenson

Name

301 Yamato Road, Suite 3198

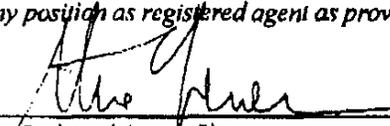
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33431

FL

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..*

  
Registered Agent's Signature

(CONTINUED)

**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

SHL Holdings, LLC

301 Yamato Road, Suite 3198

Boca Raton, FL 33431

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

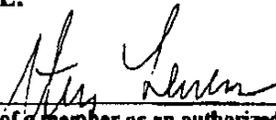
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

\_\_\_\_\_  
Steven H. Levenson, President of SHL Holdings, LLC

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)