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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oettigen AUG 21 2006

Walsh Funding

1900 W. OAKLAND PARK BLVD
PO Box 5106
Ft. Lauderdale FL 33310
Facsimile 954 208 0032
Tel. 561 400 3410

August 17, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sending in my application to file my company as an LLC. I have enclosed the application, a check and my EIN form. I already own the fictitious name of Walsh Funding. I am incorporating so the name will be Walsh Funding LLC. I have enclosed the print out of the fictitious filing but there is a mistake on the page. The page states that the owner is Anthony J Walsh, it should read Timothy J Walsh. If you have any question please call me at the number above. I can also be contacted at tjw@walshfunding.com.

Thank you,

Timothy J Walsh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALSH FUNDING 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:

TIMOTHY J. WALSH
(Name of Person)

WALSH FUNDING LLC
(Firm/Company)

1900 W OAKLAND PARK BLVD PO BOX 5106
(Address)

FT. LAUDERDALE FL 33310
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY J. WALSH at (561) 400 3410
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

WALSH FUNDING LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
201 SOUTH J STREET UNIT #9	1900 W. OAKLAND PARK BLVD
LAKE WORTH, FL 33460	PO BOX 5106
	FT LAUDERDALE FL 33310

ARTICLE III - 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:

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TALLAHASSEE, FLORIDA

TIMOTHY J. WALSH
Name

201 SOUTH J STREET UNIT #9
Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE FL 33460
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 (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	TIMOTHY J WALSH 201 SOUTH J STREET UNIT #9 LAKE WORTH FL 33460

(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 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.)

TIMOTHY J WALSH
Typed or printed name of signee

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06 AUG 21 PM 3:55
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TALLAHASSEE, FLORIDA

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)