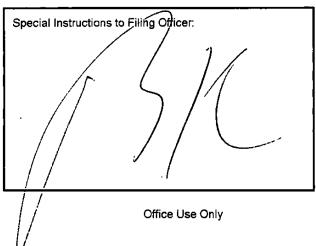
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF SIAT

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TO ACKNOWLEDGE
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RECEIVED

DEPARTMENT OF STATE

OF CORPORATIONS

OF CORPORATIONS



ACCOUNT NO.: 072100000032
REFERENCE: 329851 7493377
AUTHORIZATION: Spublena 3
COST LIMIT: \$ 15500
ORDER DATE : August 23, 2006
ORDER TIME: 11:15 AM
ORDER NO. : 329851-005
CUSTOMER NO: 7493377
DOMESTIC FILING
NAME: NOLAF FUNDING GROUP, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kathy Drake - EXT. 2959
EXAMINER'S INTITALS.

ARTICLE I - Name: The name of the Limited Liability Company is: Nolaf Funding Group, 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: 7215 Grissom Parkway, Cocca, FL 32927 P.O. Box 581274, Rockledge, FL 32956 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:

Name

7215 Grissom Parkway

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

Cocoa FL 32927

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)
Page 1 of 2

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

154008	
"MGR"	Larry A. Carter, Jr.
	7215 Grissom Parkway, Cocoa, FL 32927
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: August 17, 2006 . (OPTIO
fective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business (

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.)

Larry A. Carter, Jr.

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)