

LOG000114164

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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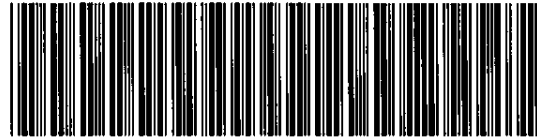
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 626187 8739A

AUTHORIZATION

COST LIMIT : \$ 125.00

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ORDER DATE : November 28, 2006

ORDER TIME : 4:53 PM

ORDER NO. : 626187-010

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: POWERS LENDING, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
POWERS LENDING, LLC**

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TALLAHASSEE, FLORIDA

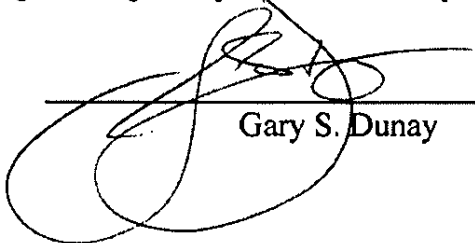
Article I - Name: The name of the Limited Liability Company is Powers Lending, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 16177 Bridlewood Circle, Delray Beach, Florida 33445.

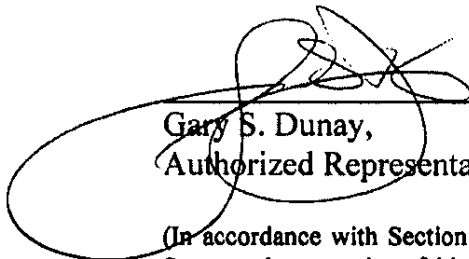
Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Gary S. Dunay
5355 Town Center Road, Suite 801
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.



Gary S. Dunay



Gary S. Dunay,
Authorized Representative

(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.)