

12/5/2006 1:53:38 PM

Division of Corporations

Hodge, Valerie R.

Foley & Lardner LLP

Page 2

Page 1 of 1

LD6000116073

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000288373 3)))



H060002883733ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

FILED
06 DEC -5 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RED OAK FINANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H06000288373 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **RED OAK FINANCE, LLC.****ARTICLE II - Address:**The mailing address and street address of the principal office of the Limited Liability Company are:
701 Park of Commerce Boulevard, Suite 301, Boca Raton, Florida 33487.**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

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

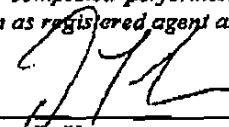
Jonathan L. Neuman,

Name

701 Park of Commerce Blvd., Suite 301Florida street address (P.O. Box **NOT** acceptable)**Boca Raton, Florida 33487**

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 completed 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.

X 
Jonathan L. Neuman

(An additional article must be added if an effective date is requested)

X 
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.)

Jonathan L. Neuman, Member

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (OPTIONAL)

\$5.00 Certificate of Status (OPTIONAL)

Fax Audit No. H06000288373 3

FILED
06 DEC -5 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA