LU7000071316

(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:

Office Use Only



500103807775



ACCOUNT NO. : 072100000032		
REFERENCE: 989478 4306747		
AUTHORIZATION: Spelleman		
COST LIMIT : \$ 125.00		
ORDER DATE: July 10, 2007		
ORDER TIME: 10:07 AM		
ORDER NO. : 989178-005		
CUSTOMER NO: 4306747		
DOMESTIC FILING		
NAME: CHURCHILL MORTGAGE INVESTMENT LLC		
XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX PLAIN STAMPED COPY		
CONTACT PERSON: Amanda Roath - EXT. 2955		
EXAMINER'S INITIALS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Churchill Mortgage Investment LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
601 Cleveland Street, Suite 300	601 Cleveland Street, Suite 300
Clearwater, FL 33755	Clearwater, FL 33755

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:

Corporation Service	e Company
	Name
1201 Hays Street	
Florida str	reet address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32301
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..

By: Ou Olo (REQUIRED)

Amanda Roath As its agent

(CONTINUED)
Page 1 of 2

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 Keith J. Gloeckl 601 Cleveland Street, Suite 300 Clearwater, FL 33755 MGR Devin Sanderson 601 Cleveland Street, Suite 300 Clearwater, FL 33755 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Mane J. Joseph.
Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Marie T. Zacny, Authorized Representative

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)