

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000120036
FILED 8:00 AM
December 03, 2007
Sec. Of State
dcurry

Article I

The name of the Limited Liability Company is:
LIFE POLICY OPTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
719 OAKRIDGE LN
BELLEAIR BLUFFS, FL. 33770

The mailing address of the Limited Liability Company is:
719 OAKRIDGE LN
BELLEAIR BLUFFS, FL. 33770

Article III

The purpose for which this Limited Liability Company is organized is:
LIFE POLICY SETTLEMENTS.

Article IV

The name and Florida street address of the registered agent is:
JOANNE MONTGOMERY
719 OAKRIDGE LN
BELLEAIR BLUFFS, FL. 33770

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.

Registered Agent Signature: JOANNE MONTGOMERY

Article V

The name and address of managing members/managers are:

Title: MGR
JOANNE MONTGOMERY
719 OAKRIDGE LN
BELLEAIR BLUFFS, FL. 33770

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Article VI

The effective date for this Limited Liability Company shall be:

12/03/2007

Signature of member or an authorized representative of a member

Signature: JOANNE MONTGOMERY