(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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SECRETARY OF STA

D. BRUCE

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IN BERVICE CUMPANT	
ACCOUNT NO. : 07210000032	
REFERENCE : 409742 5490A	
AUTHORIZATION: Spullelenan	
COST LIMIT : 160.00	
ORDER DATE : January 21, 2008	
ORDER TIME : 9:15 AM	
ORDER NO. : 409742-005	
CUSTOMER NO: 5490A	
DOMESTIC FILING	
NAME: M GROUP LENDER SOLUTIONS, 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 XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Carina L. Dunlap - EXT. 2951	
EXAMINER'S INITIALS:	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is	:			
M Group Lender Solutions, L	LC			
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," of	or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liab	oility Co	mpany	is:
Principal Office Address:	Mailing Address:			
M Group Lender Solutions, LLC	M Group Lender Solutions, LLC		_	
1500 North Federal Highway #200	1500 North Federal Highway #200	)	_	
Fort Lauderdale, Florida 33304	Fort Lauderdale, Florida 33304		-	
<del></del>	al Highway #200 Idress (P.O. Box NOT acceptable)  FL 33304	SECRETARY OF STATE	08 JAN 22 AM 10: 34	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as regional company By:  Registered Agent's Signal	this certificate, I hereby accept the ty. I further agree to comply with t erformance of my duties, and I am istered agent as provided for in Ch	appointr the provis familiar	nent a sions o with a	s of all nd

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:	
MGMR	F. Ronald Mastriana	
	1500 North Federal Highway #200 Fort Lauderdale, Florida 33304	
MEMBER	Brien Mastriana  1500 North Federal Highway #200	
	Fort Lauderdale, Florida 33304	
MEMBER	Alexandra Mastriana	
	1500 North Federal Highway #200	
	Fort Lauderdale, Florida 33304	
MEMBER	Francesco Mastriana	
	1500 North Federal Highway #200	
	Fort Lauderdale, Florida 33304	
(Use attachment if nec	•	(AY)
	f other than the date of filing: (OPTION he date must be specific and cannot be more than five business da filing.)	•
REQUIRED SIGNATE Signs (In ac of this	ture of a member or an authorized representative of a member.  coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury it the facts stated herein are true.)	OB JAN 2:
Filing Fees:	mo :	<b>&gt;</b>
Aung Lees:	TO TO	X []]

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)