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Office Use Only



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BECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

MAR 2 5 2008

EXAMINER

COVER LETTER

| | ion Section , of Corporations | | |
|----------------------|---|--|---|
| SUBJECT: | MILLEME GL | OBAL FUNDING | LLC |
| | | ed Liability Company) | |
| The enclosed Artic | eles of Organization and fee(s) are | submitted for filing. | |
| Please return all co | orrespondence concerning this matt | er to the following: | • |
| | T | ine Miller (Name of Person) | |
| · | | (Name of Person) | |
| | Mil | LEME GLOBA | L FUNDING-LLC |
| <u></u> | | (Firm/Company) | |
| | 652 | Z Colomera L (Address) | ð,- |
| - | | | |
| | Во | ca Laton F1 v/State and Zin Code) | 33433 |
| | (Cit | y/State and Zip Code) | |
| For further informa | ation concerning this matter, please | e call: | 98 SE |
| _ June | P Miller Name of Person) | at (561) 305- (Area Code & Daytime Tele | |
| Enclosed is a che | eck for the following amount: | | PA RPOR |
| \$125.00 Filing F | Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | 3 |
| | Tallahassee, FL 32314 | 2661 Executive Center C | Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|--|--|
| | SAL FUNDING LLC |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the property o | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 6522 Colomera Dr Boca Raton, F1 33435 | 6522 Colomera Dr BOCA RATON FI 33432 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another |
| The name and the Florida street address of the | 1770 |
| June. | Miller 08 MAR 24 Colomera Dr |
| Name | AAR AR |
| 6527 | Colonera Dr 2 95 |
| Florida street ad | dress (P.O. Box NOT acceptable) |
| Boca Raton | FL 33433 and Zip |
| | |
| registered agent and agree to act in this capacit statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signa | e milly |
| Registered Agent's Signa | iture (REQUIRED) |

(CONTINUED)
Page 1 of 2

| "MGRM" = Ma | ger naging Member | Name and Address: | |
|--|--|--|----------------------------------|
| MGR | | June Miller 6522 Colomera DR BOCA RATON, FI 33433 | |
| MERY | | LORETTA LEME 6437 BRAVA WAY BOCA RATON, FI 33433 | |
| | | Boca Raton, F1 33433 | |
| | | | |
| | | | |
| | | | |
| (Use attachment | if necessary) | | |
| LE V: Effective | date, if other than t | he date of filing: (OPT to be specific and cannot be more than five business | IONAL; ss days |
| LE V: Effective | date, if other than t sted, the date must ate of filing.) | he date of filing: (OPT to be specific and cannot be more than five business | IONAL; ss days |
| LE V: Effective ffective date is list days after the d | date, if other than t sted, the date must ate of filing.) | t be specific and cannot be more than five busine | ss days |
| LE V: Effective ffective date is list days after the d | date, if other than t sted, the date must ate of filing.) | the date of filing: the specific and cannot be more than five business Mulli The or an authorized representative of a member. | ss days |
| LE V: Effective ffective date is list days after the d | date, if other than to sted, the date must ate of filing.) GNATURE: Signature of a ment of this document contributes the steam of the | t be specific and cannot be more than five busine | ss days |
| LE V: Effective ffective date is list days after the d | date, if other than to sted, the date must late of filing.) GNATURE: Signature of a meny (In accordance with of this document contact the facts state) | t be specific and cannot be more than five business Mello Der or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury | IONAL SS days US MAR 24 PM 4: 15 |

ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Page 2 of 2

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