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Florida Department of State
Division of Corporations
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To:
     Division of Corporations
     Fax Number      : (850)617-6383

From:
     Account Name    : EMPIRE CORPORATE KIT COMPANY
     Account Number  : 072450003255
     Phone           : (305)634-3694
     Fax Number      : (305)633-9696
```

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TALLAHASSEE FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

national debt cures, llc

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$155.00

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APR 22 2008

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is:

NATIONAL DEBT CURES, 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:
500 NE SPANISH RIVER BLVD.	SAME
SUITE 23 & 24	
BOCA RATON, FL 33431	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

ANTHONY S. MUNDY
Name

500 NE SPANISH RIVER BLVD., #23-24
Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FL 33431
City, State and Zip

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Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.

x

Registered Agent's Signature

(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ANTHONY S. MUNDY
	500 NE SPANISH RIVER BLVD., #23-24
	BOCA RATON, FL 33431
MGRM	CHRISTINE MUNDY
	500 NE SPANISH RIVER BLVD., #23-24
	BOCA RARON, FL 33431

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X ______________________
Signature of 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.)

X ANTHONY S. MUNDY
Typed or printed name of signee

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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)

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