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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

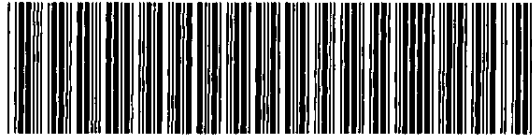
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08 APR 30 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAY - 1 2008

ANTHONY N. LEO
3567 Founders Club Drive
Sarasota, FL 34240
(717) 877-2891 (mobile)
(941) 706-2666 (residence)
anthonyleo@comcast.net

April 27, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Consumer First Associates, LLC – Articles of Organization

Dear Sir or Madam:

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the undersigned at the address above. For further information concerning this matter, please call the undersigned at (717) 877-2891.

Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status. Please return the Certificate of Status to the undersigned at the address above. Your assistance is appreciated.

Sincerely,



Anthony N. Leo

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE I - Name:

The name of the Limited Liability Company is: Consumer First Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

3567 Founders Club Drive
Sarasota, FL 34240

Mailing Address:

3567 Founders Club Drive
Sarasota, FL 34240

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

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

Anthony N. Leo
Name

3567 Founders Club Drive
Florida street address

Sarasota, FL 34240
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..



Registered Agent's Signature (REQUIRED)

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 N. Leo
3567 Founders Club Drive
Sarasota, FL 34240

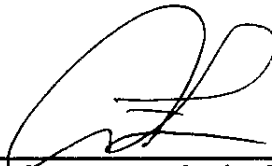
MGRM

Robert W. Lawley
2402 Forest Lane
Harrisburg, PA 17112

ARTICLE V: Effective date, if other than the date of filing:

Not applicable. Effective upon filing.

SIGNATURE:



Signature of a 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.)

Anthony N. Leo, Managing Member

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)