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EXAMINER



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JUN - 3 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 594482 7652772

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : June 3, 2008

ORDER TIME : 9:06 AM

ORDER NO. : 594482-005

CUSTOMER NO: 7652772

FILED
08 JUN -3 PM 3:05
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: FLORIDA JUDGMENT BUYER, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
Florida Judgment Buyer, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4400 North Federal Highway
Suite 200-A
Boca Raton, FL 33431

Principal Office Address: Mailing Address:

4400 North Federal Highway
Suite 200-A
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:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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..

Corporation Service Company

By: _____

Name: **Troy Todd**

Title: **as its agent**

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TALLAHASSEE, FLORIDA

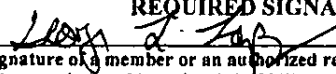
ARTICLE IV- Manager(s) or Managing Member(s):

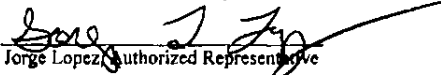
The name and address of each Manager or Managing Member is as follows:

Title	Name and Address
Manager	DelMar Financial Services 101 Plaza Real South Suite 219 Boca Raton, FL 33432
Title	Name and Address
Manager	A.P.I Financial, Inc. 4400 North Federal Highway Suite 200-A Boca Raton, FL 33431

ARTICLE V: Effective date, if other than the date of filing:
May 22, 2008

REQUIRED 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.)


Jorge Lopez, Authorized Representative