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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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FILED
08 AUG -4 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

American Financial Recovery, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$123.00

M. THOMAS
AUG - 5 2008
EXAMINER

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TALLAHASSEE, FLORIDA

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AMERICAN FINANCIAL RECOVERY, LLC**ARTICLE II - Address:**

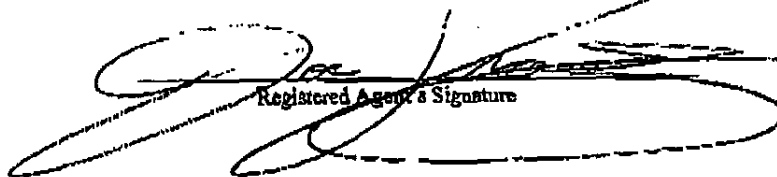
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:1673 Bay Hill Cir.
SARASOTA FL
34232**Mailing Address:**P.O. Box 52061
SARASOTA FL
34232**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Joseph Keawtchenko
Name1673 Bay Hill Circle
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34232
City, State, and ZipFILED
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TALLAHASSEE, FLORIDA

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

(CONTINUED)

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:

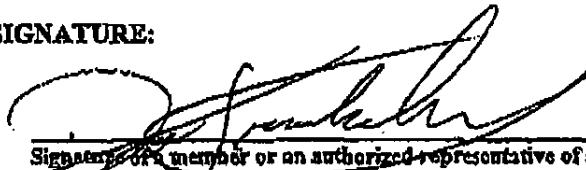
MGR

JOSEPH KEAUTCHEKO
1623 BAY HILL CIL
SARASOTA, FL 34232

(Use attachment if necessary)

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

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.)

JOSEPH KEAUTCHEKO

Typed or printed name of signer

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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