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## Florida Residential Funding II, LLC

Certificate of Status	0
Certified Copy	1
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SEP 14, 2009

**EXAMINER**

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ARTICLES OF ORGANIZATION  
OF  
FLORIDA RESIDENTIAL FUNDING II, LLC,  
a Florida limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is FLORIDA RESIDENTIAL FUNDING II, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 1600 Sawgrass Corporate Parkway, Suite 400, Sunrise, Florida 33323.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Steven M. Helfman, Esq., 1600 Sawgrass Corporate Parkway, Suite 400, Sunrise, Florida 33323.

The undersigned has executed these Articles of Organization on the 10<sup>th</sup> day of September, 2009.

By: 

Steven M. Helfman, Authorized Person

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**CERTIFICATION OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FLORIDA RESIDENTIAL FUNDING II, LLC.

2. The name and address of the registered agent and office is:

Steven M. Helfman, Esq.  
1600 Sawgrass Corporate Parkway, Suite 230  
Sunrise, Florida 33323

*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 its 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.*

  
\_\_\_\_\_  
Steven M. Helfman, Esq., Registered Agent

September 10, 2009  
\_\_\_\_\_  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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