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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 : GREENBERG TRAUERIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
CPS Lender LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
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J. BRYAN

MAY 25 2011

EXAMINER

5/25/2011

FROM : _____

FAX NO. : _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE II - Address:

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

390 N. Orange Ave. Suite 2400
Orlando, Florida 32801

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

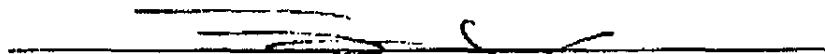
The name and the Florida street address of the registered agent are:

Name: Troy M. Cox
Address: 390 N. Orange Ave. Suite 2400
Orlando, Florida 32801

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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


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.)

Troy M. Cox
Typed or printed name of signee