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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KASH KOW PAY DAY LOANS LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOHN A JOHNSON JR Name of Person	
KASIN KOW PAY DAY LOANS LLE Firm/Company	
P. O BOX 311	_
Address	
CRANFORNIUS PL 32326	
CRAWFORN VICE PL 32326 City/State and Zip Co.	
E-mail address: (to be used for a time annumer part notification)	-
For further information concerning this matter, please calt.	
John A Javar 1850 210-8049	
Name of Person Area Code Dayt; me Telephone Number	
Enclosed is a check for the following amount:	,
\$125.00 Filing Fee \$\ \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED L'ABILITY COMPANY

EETICLE I - Name:

The same of the Limited Liability Company is:

KASN KOW PAT DAY LOADS LEMITED LEARTLEST COMPANY (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
East Point FI	PU B24 311
EastPoint fi	CRANFORD LECE FO
32328	32327

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TON A JOHNSON TO Name

5 TED LOTT LAND
Florida street address (P.O. Box NOT acceptable)

CHANGE PL 3232)

City State Zin

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. Thereby a most the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all status a relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions are gistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:		Name and Address:	
	Authorized Member		
"MGR" = M			
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