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17 APR 12 AM 9: 25

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCL FUNDING Name of Limited Liability Company
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:
Cara L. Manter
Name of Person
MCL Fun/Company
J Firm/Company .
11420 LINARBOR PIACE Address
Address
Temple TERRACO H 33617-2397 City/State and Zip Code Cara @ mcLfwDing. Lom
Cana @ mcLfunDing. Lom
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cara Manter at, 813, 309 5626
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
MCL Funding 11C. (Must end with the words "Limited Liability Company, "L.L.C." or "LLC")
(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:

ARTICLE I - Name:

Principal Office Address:

11420 Linardor Place
Temple Times # Tomple Temple # 33617 - 2399

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

AL NAME

Name

1420 Linated PRE

Florida street address (P.O. Box NOT acceptable)

Timple Time 33472399

City State Zip

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 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 explained agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17 APR 12 AM 9

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Cara Manter
	Timple Time \$ 33617-23
(Use attachment if necessary) EV: Effective date, if other than the detective date is listed, the date must be	ate of filing:
EV: Effective date, if other than the deective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
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