# L23000254937

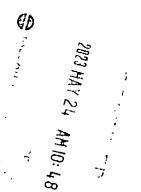
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(City/State/Zip/Phone #)
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## WALK IN

		WINDIN III	
	PICK	Cat 5/24	
XX XX	CERTIFIED COPY PHOTOCOPY CUS FILING		
1.	PEACH TREE LEGAL (CORPORATE NAME AND DOCUM		 
2.	(CORPORATE NAME AND DOCUM		 
3.	(CORPORATE NAME AND DOCUM	MENT #)	 
4.	(CORPORATE NAME AND DOCUM	MENT#)	 
5.	(CORPORATE NAME AND DOCUM	VIENT #)	 
6.	(CORPORATE NAME AND DOCUM	MENT #)	 
SPECIA INSTRU	L JCTIONS:		 

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ty Company is:		
PEACH TREE LEG	AL FUNDING LLC		
(Must cont	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Li	mited Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
5574 Fountains Driv	e South		5574 Fountains Drive South
Lake Worth, Florida	33467		Lake Worth, Florida 33467
The name and the Florida street	Cesar Aviles	l agent are:	
		Name	
	5574 Fountains Driv		(OT accontable)
	Florida street addres	s (r.O. Box <u>&amp;</u>	acceptable)
	Lake Worth	FL .	33467
	City	State	Zip
olace designated in this certificate further agree to comply with the p	. I hereby accept the app rovisions of all statutes r	ointment as re- elating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. It is proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S.
	/\$/ Cesar Aviles		
	Regist	ered Agent's S	Signature (REQUIRED)
			In D.

(CONTINUED)

Title:		Name and Address:
"AMBR" = Autho	orized Member	<del></del>
"MGR" = Manage	er	
AMBR		Cesar Aviles
		5574 Fountains Drive South
		Lake Worth, Florida 33467
<del> </del>		
		<del></del>
	<del></del>	
		<u> </u>
(Use attachment i LEV: Effective dat	te, if other than the date of:	filing: (OPTIONAL)
CLE V: Effective date  effective date is listed  te of filing.)  If the date inserted if  cument's effective di	te, if other than the date of: d, the date must be specif in this block does not mee ate on the Department of S	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
CLE V: Effective date is lister e of filing.) If the date inserted is cument's effective date.	te, if other than the date of: d, the date must be specif in this block does not mee ate on the Department of S	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
CLE V: Effective date is listed of filing.) If the date inserted in the date in the dat	te, if other than the date of d, the date must be specifing this block does not mee ate on the Department of Sions, if any.	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
TLE V: Effective dat ffective date is listed of filing.) If the date inserted in nument's effective de TLE VI: Other provis	te, if other than the date of a d, the date must be specifing in this block does not mee ate on the Department of S sions, if any.	ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not
CLE V: Effective date is lister of filing.) If the date inserted is cument's effective decrease. CLE VI: Other provisional results of the provisional result	te, if other than the date of d. the date must be specifing this block does not mee ate on the Department of Sisions, if any.  Signature of a member o	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not state's records.  Ar Aviles  our or an authorized representative of a member.
CLE V: Effective date is lister of filing.) If the date inserted is cument's effective decrease.  REQUIRED SIGNATURE	te, if other than the date of d. the date must be specifing this block does not mee ate on the Department of Sisions, if any.  Signature of a membris document is executed.	it the applicable statutory filing requirements, this date will not State's records.  The Aviles  Our Aviles  Our or an authorized representative of a member.  In accordance with section 605,0203 (1) (b), Florida Statutes.
CLE V: Effective date is listed of filing.)  If the date inserted is cument's effective decrease of the provise	te, if other than the date of d. the date must be specifing this block does not mee ate on the Department of Sisions, if any.  Signature of a membris document is executed am aware that any false in	it the applicable statutory filing requirements, this date will not State's records.  The Aviles  For or an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State.
CLE V: Effective date is listed of filing.)  If the date inserted is cument's effective decrease of the provise	te, if other than the date of d. the date must be specifing this block does not mee ate on the Department of Sisions, if any.  Signature of a membris document is executed am aware that any false in	it the applicable statutory filing requirements, this date will not State's records.  The Aviles  For or an authorized representative of a member.  In accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date is listed of filing.) If the date inserted is cument's effective decrease.  REQUIRED SIGNATURE	te, if other than the date of d. the date must be specifing this block does not mee ate on the Department of Sisions, if any.  Signature of a membris document is executed am aware that any false in	it the applicable statutory filing requirements, this date will not State's records.  The Aviles  For or an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

#### Filing Fees.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)