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| • | 2004 MAY | 19 P | 3: 05 | |
|---|----------|-------------|-----------------|---------------|
| (Requestor's Name) | SECRET | ARY OF | STATE LORIDA | |
| (Address) | | | • | 2000364 |
| (Address) | | | | 200000 |
| (City/State/Zip/Phone # | 9 | | | n5/19/0401015 |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name |) | | | |
| (Document Number) | | | | |
| Certified Copies Certificates o | f Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |

Office Use Only

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TRANSMITTAL LETTER

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| Apollo Beach, FL 33572 For further information concerning this matter, Lynette M. Silon (Name of Person) | at (727 | 421-9822 or 723-0749 ode & Daytime Telephone Number) |
|---|--------------------------|---|
| | | ode) |
| Apollo Beach, FL 33572 | (City State and Zip Co | ode) |
| Apollo Beach, FL 33572 | (D) - 2(4, -12) C | |
| And Death El 20070 | | |
| | | |
| | (Address) | |
| 6457 Rubia Circle | | |
| | | |
| | (Firm Company) | |
| Business Financial Advisors | LLC | |
| | (Name of Person) | ! |
| Marcos Laguna, Jr. | | |
| | | |
| Please return all corres | pondence concerning | this matter to the following: |
| he enclosed Articles of Organization and fee(s | s) are submitted for fil | ling. |
| | | |
| (Name of | Limited Liability Con | npany) IALLAHASSEE, FLO |
| AT | | SECRETARY |
| | | - |
| Division of Corporations SUBJECT: Business Financial Advisors | | SECRETARY OF ST. TALLAHASSEE, FLO |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR

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FLORIDA LIMITED LIABILITY COMPANY KAY 19 P 3: 05

| | . 1 = 3.05 |
|---|--|
| ARTICLE I - Name: | SECRETARY OF STATE |
| The name of the Limited Liability Company is: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| BUSINESS FINANCIAL ADVISORS, LLC | |
| ARTICLE II - Address: | |
| ARTICLE II - Address: The mailing address and street address of the princi | pal office of the Limited Liability Company i |
| r | |
| Principal Office Address: | Mailing Address: |
| 6457 Rubia Circle | 6457 Rubia Circle |
| Apollo Beach, FL 33572 | Apollo Beach, FL 33572 |
| | |
| ARTICLE III - Registered Agent, Registered Of | fice, & Registered Agent's Signature: |
| The name and the Florida street address of the regis | stered agent are: |
| | |
| Marcos Laguna, Jr. | · Protein · · · · · · · · · · · · · · · · · · · |
| Name | |
| | |
| 6457 Rubia Circle | |
| 6457 Rubia Circle Florida street address (P.O. Bo | x <u>NOT</u> acceptable) |
| | xx <u>NOT</u> acceptable) FLORIDA |

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, Florida Statutes..

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | 2004 MAY 19 P 3: (| | | | |
|----------------------------------|------------------------|---|---------|--|--|--|
| "MGR" = Manager | | SECRETARY OF OTHE | | | | |
| "MGRM" = Managing Member | | SECRETARY OF STATE TALLAHASSEE, FLORIC | Ξ }Α | | | |
| MGRM | Marcos Laguna, Jr. | | | | | |
| | 6457 Rubia Circle | | | | | |
| | Apollo Beach, FL 33572 | | | | | |
| MGRM | Lynette M. Silon | | | | | |
| | 6457 Rubia Circle | | | | | |
| | Apollo Beach, FL 33572 | | | | | |
| MGRM | Ricardo Dominguez | | | | | |
| | 3909 S. Kenwood Ave. | | | | | |
| we have the second of the second | Tampa, FL 33611 | | · | | | |
| - | | | | | | |
| | · | | | | | |
| | | | | | | |
| (Use attachment if necessary) | | | • | | | |

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE

Signature of a member of an authorized poresentative 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.)

Marcos Laguna, Jr.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)