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LIMITED LIABILITY COMPANY

CHRISTIAN BUDGET GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHRISTIAN BUDGET GROUP 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:**

4613 N. UNIVERSITY DR #221  
POMPANO BEACH, FL 33067

4613 N. UNIVERSITY DR #221  
POMPANO BEACH, FL 33067

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

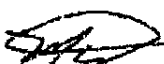
The name and the Florida street address of the registered agent are:

CHRISTIAN BUDGET  
Name

4613 N. UNIVERSITY DR #221  
Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH FLORIDA 33067  
City, State, and 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, 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.*

  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

VICTORIA WILEY  
4613 N. UNIVERSITY DR #221  
Pompano Beach, FL 33067

MGRM

MARK DEAN  
4613 N. UNIVERSITY DR #221  
Pompano Beach, FL 33067

MGR

DONALD DEANS  
4613 N. UNIVERSITY DR #221  
Pompano Beach, FL 33067

MGR

ASPINEL SURE  
4613 N. UNIVERSITY DR #221  
Pompano Beach, FL 33067

(Use attachment if necessary)

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

**REQUIRED 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.)

M. Dean  
Typed or printed name of signer

- 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)

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**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

CESAR SANCHEZ  
2613 W. UNIVERSITY DR #221  
POMPANO BEACH, FL 33067

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