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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RING, BENDER, MCKOWN & CASTILLO, LLLP
Account Number : I20120000014
Phone : (305) 987-4920
Fax Number : (866) 624-8893

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: amckown@ringbenderlaw.com

**FLORIDA LIMITED LIABILITY CO.
Life Settlements Consulting LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

REC-111111

15 APR -1 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
REGISTRATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR -1 AM 8:27

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12:40:30

04-01-2015

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFE SETTLEMENTS CONSULTING 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:

Principal Office Address:

Mailing Address:

1 Alhambra Plaza, Suite 620

Coral Gables, FL 33134

1 Alhambra Plaza, Suite 620

Coral Gables, FL 33134

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:

Aaron M. McKown

Name

1 Alhambra Plaza, Suite 620

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

Coral Gables

City

FL 33134

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Ralph Cioffe

1 Alhambra Plaza, Suite 620

Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Aaron M. McKown

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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