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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO. A NEW BEGINNING INCOME TAX SERVICES LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- Name:

The name of the Limited Liability Company is

A NEW BEGINNING INCOME TAX SERVICES 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:

14445 NW 83 PATH Miami lakes, Florida 33016

14445 NW 83 PATH Miami lakes, Florida 33016

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

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

Maritza Castillo 14445 NW 83 PATH Miami lakes, Florida 33016

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV:

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

Title:

Name and Address:

"AMBR", "MGR" = Authorized Member, Manager

Maritza Castillo 14445 NW 83 PATH Miami, Florida 33016

ARTICLE V: Effective date is the date of filing

REQUIRED SIGNATURE:

Maritza Castillo

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

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.