

L000000001249

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000003126 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -2 PM 5:00

AL

LIMITED LIABILITY COMPANY

BANCO LOPES, A LIMITED LIABILITY COMPANY

RECEIVED
00 FEB -3 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

January 20, 2000

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BANCO LOPES
REF: W00000001552

RECEIVED
DIVISION OF BANKING
00 FEB -2 PM 5:00

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking
Director's Office
101 E. Gaines St.
Fletcher Bldg., 6th Floor.
Tallahassee, FL 32399-0350
(850) 410-9111.

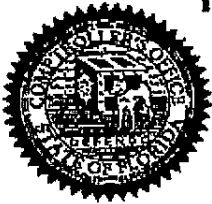
The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

H00000003126



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OFFICE OF THE COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

January 27, 2000

Rosa M. Rivera
Paralegal
Law Offices of J.C. Cura, P.A.
2100 Coral Way
Coral Plaza, Suite 601
Miami, Florida 33145

Dear Ms. Rivera:

Re: "Banco Lopes Mortgage, Limited Liability Company"

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Art Simon
Art Simon
Director

:kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

H00000003126

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 FEB - 2 PM 5:00

H000000031216

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

ARTICLE I - Name:

The name of the Limited Liability company is:

BANCO LOPES MORTGAGE,
LIMITED LIABILITY COMPANY

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6495 Indian Creek Drive
Miami Beach, Fl. 33141

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

☐

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☐

The Limited Liability Company is to be managed by a members and the name(s) and address(es) of such managing member(s) is/are:

LEONEL LOPES
6495 Indian Creek Drive
Miami Beach, Fl. 33141

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Not given.

H000000031216

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -2 PM 5:00

H00000003126

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The right to continue Business.

ARTICLE VII -

The undersigned member or authorized representative of a member of certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is

\$ _____;

- 3) if any, the agreed value of property other than cash contributed by member(s) is

\$ _____;

(A description of the property is attached and made a part hereto.); and

- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is

\$ _____.


Signature of member or an authorized representative of a member.

(In accordance with section 604.40893), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LEONEL LOPES

Typed or printed name of signee

Filing Fee: \$250 for Articles and Affidavit

00 FEB - 2 PM 5:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

H00000003126

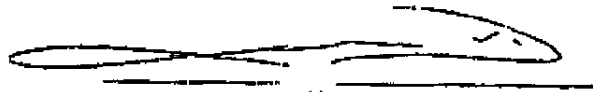
H00000003126

**Certificate of Designation of
Registered Agent/Registered Office**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
BANCO LOPES MORTGAGE,
LIMITED LIABILITY COMPANY
2. The name and the Florida street address of the registered agent are:
LEONEL LOPES
6495 Indian Creek Drive
Miami Beach, FL 33141

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.



Signature

Filing Fee: \$35 for Designation of Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -2 PM 5:00

H00000003126