

L 00000003921

PRIME ENTERPRISES, LLC  
6538 COLLINS SUITE 427  
MIAMI, FL 33141

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CROWN FINANCIAL SERVICE, L.L.C.  
(Corporation Name) (Document #)

2. L-3921  
(Corporation Name) (Document #)

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-03/24/00--01125--003  
\*\*\*160.00 \*\*\*160.00

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

W-8319

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
00 APR -6 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
W4/6

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 29, 2000

PRIME ENTERPRISES, LLC  
6583 COLLINS SUITE 427  
MIAMI, FL 33141

SUBJECT: CROWN FINANCIAL SERVICE, L.L.C.  
Ref. Number: W00000008319

We have received your document for CROWN FINANCIAL SERVICE, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please note that although you have signed as Registered Agent, the member's signature is separate and also mandatory.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 300A00017153

FILED  
00 APR -6 PM 12: 25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Crown Financial Service, L.L.C.

## ARTICLE II - Address:

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

6538 Collins Ave. Suite 427  
Miami Beach, FL 33141

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

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

Orlando Cordoves, Jr.  
Name  
6538 Collins Ave. Suite 427  
Florida street address (P.O. Box **NOT** acceptable)  
Miami Beach, FL 33141  
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, F.S.*

[Signature]  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

- 1) Juan C. Carnicer
- 2) Orlando A. Cordoves Sr.
- 3) Orlando A. Cordoves

(An additional article must be added if an effective date is requested)

[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.)

Orlando A. Cordoves.  
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)

FILED  
00 APR -6 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA