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### LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

400003295014--5 -06/19/00--01040--015 \*\*\*\*155.00 \*\*\*\*155.00

OFFICE USE ONLY

COR	PORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
1. /		ANCE GROUP, LLC.	
2.	(Corporation France)	(Document #)	
	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	-
4	(Corporation Name)		_
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	Mail out Will wait	Photocopy Certificate of Status	
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TOOLS AND INCOMES ACRES ASSESS OF STREET

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
 Other

Examiner's Initials

# Articles of Organization for the Florida limited liability company MCR INSURANCE GROUP, LLC.

#### ARTICLE I - NAME

The name of the limited liability company is: MCR INSURANCE GROUP, LLC.

#### ARTICLE - ADDRESS:

The mailing address and street address of the principal office of the limited liability company is: 19010 NW 89<sup>th</sup> Court, Hialeah, FL 33018

#### ARTICLE III - DURATION:

The period of duration for the limited liability company shall be: 99 years.

#### ARTICLE IV - MANAGEMENT:

The limited liability company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

#### Maria Calzadilla, 19010 NW 89th Court, Miami, FL 33144

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Operating Agreement of the Company.

#### ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business of 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: As set forth in the Operating Agreement of the Company.

MARIA CALZADILLA

## 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 IN DESIGNATING THE REGISTERED OFFICE, REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### MCR INSURANCE GROUP, LLC.

2. The name and address of the registered agent and office is:

MARIA CALZADILLA 19010 NW 89<sup>th</sup> Court Hialeah, FI 33018

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.

MARIA CALZADILLA

Date:

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