

L0100000/545

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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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

LIMITED LIABILITY COMPANY

NATIONAL EESCROW SERVICES, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

NATIONAL ESCROW SERVICES, L.L.C.

ARTICLE II- ADDRESS:

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

6710 Main Street
Suite 236
Miami Lakes, FL 33014

ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:

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

MARK CRUZ
Name

6710 Main Street Suite 236
Florida street address (PO Box not acceptable)

Miami Lakes, FL 33014
City, State and Zip Code

Leonardo Miliyares, CPA
GARCIA, ESPINOSA, MILYARES + CO. LLP
100 PARKWAY AVE. Ste. 230
CORAL GABLES, FL 33134
305 - 529-0345

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ARTICLE V- MANAGEING MEMBERS

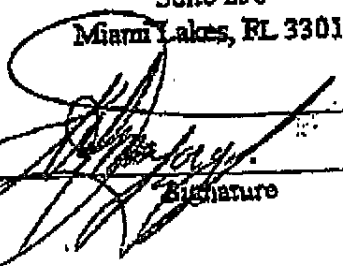
REYNALDO DIAZ
6710 Main Street
Suite 236
Miami Lakes, FL 33014

* 
Signature

MARK CRUZ
6710 Main Street
Suite 236
Miami Lakes, FL 33014

* 
Signature

MARIO D. MAYORGA
6710 Main Street
Suite 236
Miami Lakes, FL 33014

* 
Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

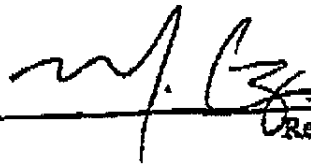
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

X 

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV- MANAGEMENT (CHECK BOX IF APPLICABLE)

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

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

X 

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).

X Mark Cruz

Typed or printed name of signee

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