L02000010725

I.S.B.
1253 University Drive
PMB 316
Coral Springs, FL 33071

200005257752--3 -04/12/02--01060--017 ****135.00 ****130.00

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy ☐ Mail out Certificate of Status **₩** Will wait **AMENDMENTS NEW FILINGS** ☐ Profit Amendment Resignation of R.A., Officer/Director ■ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/OUALIFICATION **OTHER FILINGS** Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

WOZ-10728

J. BRYAN APR 1 7 2002

J. BRYAN MAY 6 2002



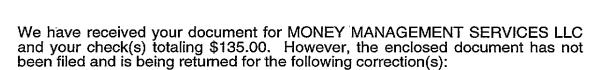
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2002

I.S.B. 1253 UNIVERSITY DR., PMB 316 CORAL SPRINGS, FL 33071

SUBJECT: MONEY MANAGEMENT SERVICES LLC

Ref. Number: W02000010728



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

Please return the original and one copy of 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) 245-6043.

Letter Number: 302A00022804

Joey Bryan Document Specialist Tax Liens MIN MER 25 M 9: 12
OHLED AND SEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	ime: .imited Liability Company is:	
_	MANAGEMENT SENVICES LLC	
ARTICLE II - Ad The mailing addre		ability Company is:
ARTICLE III - R	legistered Agent, Registered Office, & Registered Agent's	s Signature:
•	10m STEED	
	1750 H.W. 105 LANE	PLOS ST.
	Florida street address (P.O. Box NOT acceptable) COMPL Springs FL 33071	SERE FOR
	City, State, and Zip	60 G

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.

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.

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

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.)

Typed or printed name of signee

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)