

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

02 SEP 30 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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LIMITED LIABILITY COMPANY
EXPOCREDIT GROUP L.L.C.

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DIVISION OF CORPORATION

Certificate of Status	0
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Page Count	01
Estimated Charge	\$155.00

JB
9-30-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **EXPOCREDIT GROUP, L.L.C.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1201 Brickell Avenue, Suite 210, Miami, Florida 33131

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

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

Alvaro Zuluaga
 Name
1201 Brickell Avenue Suite 210
 Florida street address (P.O. Box NOT acceptable)
Miami, Florida 33131
 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.

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.)

Alvaro Zuluaga

Typed or printed name of signer

SECRETARY OF STATE
 PALM BEACH, FLORIDA

02 SEP 30 PM 3:12

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 AND
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