

Jan 13 3 09:  
Division of Corporations

Parcorp Services, Ltd.

398-0461

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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 : PARCORP SERVICES, LTD.  
Account Number : 119990000011  
Phone : (800) 603-2533  
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03 JAN 13 AM 10:30  
DIVISION OF CORPORATION

1-13 not

LIMITED LIABILITY COMPANY

ACCESS FINANCIAL SOLUTIONS, LLC

FILED  
03 JAN 13 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

## ACCESS FINANCIAL SOLUTIONS, LLC

Pursuant to s. 608.407, Florida Statutes.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**ACCESS FINANCIAL SOLUTIONS, LLC**

## ARTICLE II - Address:

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

**8702 NW 170TH TERRACE, MIAMI, FL 33018**

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

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

**ADA MOJENA**

Name

**8043 NW 200TH STREET**Florida street address (P.O. Box NOT ACCEPTABLE)**MIAMI, FL 33015**


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 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.

  
Signature of a member or 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.)

**DAVID L. SURINA**

Typed or Printed name of signer

## Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**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 TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**ACCESS FINANCIAL SOLUTIONS, LLC**

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

**ADA MOJENA**

Name

**8043 NW 200TH STREET**


Florida street address (P.O. Box NOT ACCEPTABLE)

**MIAMI, FL 33015**

City, State and Zip

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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..*

Registered Agent **ADA MOJENA**

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