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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

**LIMITED LIABILITY COMPANY**

**LENDERS GROUP LLC**

Certificate of Status	0
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DIVISION OF CORPORATION

JB  
9-18-03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: LENDERS GROUP LLC  
REF: W03000026626

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return 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) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H03000278816  
Letter Number: 603A00051589

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AND  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
LENDERS GROUP LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LENDERS GROUP LLC**

**ARTICLE II - Address:**

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

**11900 W. DIXIE HIGHWAY  
MIAMI FL 33161**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual in nature.

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- ☒ 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:

**MANUEL IRIBAR  
11900 W. DIXIE HIGHWAY  
MIAMI FL 33161**

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

New members shall be admitted based on a majority vote of the then existing members.

PREPARED BY: **STEFANELLI AND BATALLA CPA PA  
14411 COMMERCE WAY, SUITE 310  
MIAMI LAKES, FL 33016  
(305) 537-0303**

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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on 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:

To maintain the viability and the integrity of all business operations, including, but not limited to, purchase and sales/marketing activities, collection of receivables, financial and legal affairs until a new majority of members is achieved.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MANUEL IRIBAR**

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISION 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: \_\_\_\_\_

LENDERS GROUP LLC


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

MANUEL IRIBAR  
NAME

11900 W. DIXIE HIGHWAY  
Florida street address (P.O. Box NOT ACCEPTABLE)

MIAMI FL 33161  
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 related to the proper and complete performance of my duties, and I  
am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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AND  
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