

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

04 NOV -2 PH 3: 30 04 NOV -2 PH 3: 30 JIVISION DF CORPORATION	Account Name Account Number Phone Fax Number	: 072450003 : (305)634~ : (305)633-	255 3694 9696	
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	Page Count		03	
	Estimated Ch	narge	\$155.00	

J. BRYAN NOV - 3 2004

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

conquest Financial Services LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Been BATEN FI 38481

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

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

Michael ShrantsHans

2700 N Military trail ste - 120
Floride street address (P.O. Box NOT socceptable)

Boan RATIN EL 33431

Having been nomed 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

(CONTINUED)

Page 1 of 2

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. \$59.9 ⊔ATOT '... Member(s):
Sanaging Member is as follows:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Me

The name and address of each Manager or Managing Member is as follows:

Title:
"MOR" = Manager
"MGRM" = Managing Member

MGRH

MGRM

MGRM

MGRM

Name and Address:

Michael Shvertston 2700 N Hilitery trail Stey 20 Baca Raton, Fl 33431

Gerald Shuartsman 2700 N Hilitary trail ste 420 Born Batan fl 33431

Eric Henrichias 2700 MMilitarytail Me 420

Brandon Becker P.O. BOX 5426 ENLUERENT, CA 90231

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a marrief 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 possities of perjury that the facts stated herein are true.)

Michael Show the Carl

Filing Fees.

\$125.00 Filing Fee fay Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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