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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone: (800)494-3124

Fax Number : (305)675-2811

# LIMITED LIABILITY COMPANY

## PREFFERED PROCESSING LLC

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY LEC

In compliance with Chapter 608, F.S.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the Limited Liability Company is:

PREFFERED PROCESSING LLC

#### ARTICLE II ADDRESS

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

10300 SW 72 ST SUITE 272 MIAMI, FL 33173

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ARELYS LOBO 11003 S.W. 88 ST. B-104 MIAMI, FLORIDA 33173

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARELYS LOBO / Registered Agent's Signature

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#### ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing SECRETARY OF TALLAHASSEE EF

#### ARTICLE V MEMBERS (optional)

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: ARELYS LOBO 11003 S.W. 88 ST. B-104 MIAMI, FLORIDA 33173

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.)

ARELYS LOBO
Typed or printed name of signee

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