

LD50000 40059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

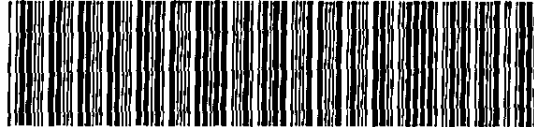
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Office Use Only

WOS-18914



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04/13/05--01016--022 **57.25

04/25/05--01060--003 **67.25

05 APR 25 11:11:23
STATE
OFFICE
FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continental Finacial Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jairo De la Vega
(Name of Person)

(Firm/Company)

1155 Brickell Bay Dr. Suite 2904
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Jairo De la Vega at (305) 371-2604
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATE
TALLAHASSEE, FLORIDA

05 APR 25 AM 11:23

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2005

JAIRO DE LA VEGA
1155 BRICKELL BAY DR STE 2904
MIAMI, FL 33131

SUBJECT: CONTINENTAL FINANCIAL GROUP LLC
Ref. Number: W05000018914

FILED
05 APR 25 PM 11:32
STATE OF FLORIDA

We have received your document for CONTINENTAL FINANCIAL GROUP LLC and your check(s) totaling \$57.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$67.75.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 005A00025563

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Continental Financial Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

1155 Brickell Bay Dr. Suite 2904
Miami, FL 33131

Mailing Address:

1155 Brickell Bay Dr. Suite 2904
Miami, FL 33131

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

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

Maria Navarro

Name

1155 Brickell Bay Dr. Suite 2904

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 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

(CONTINUED)

FILED
05 APR 25 AM 11:39
SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Maria Navarro

1155 Brickell Bay Dr. #2904

Miami, FL 33131

MGRM

Jairo De la Vega

1155 Brickell Bay Dr. #2904

Miami, FL 33131

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

Jairo De la Vega

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
STATE
FLORIDA

05 APR 25 11:23