

LOS000097648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

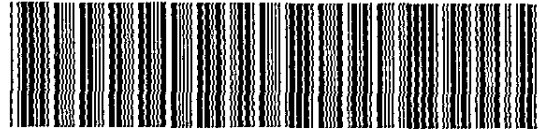
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/05--01058--023 **160.00

05 OCT -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2005



October 1, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed please find the following documents:

1. Transmittal Letter
2. Articles of Incorporation
3. Check payable to Florida Dept. of State for \$160.00 for Filing Fee, Certificate of Status & Certified Copy

We would appreciate your prompt attention to this request.

Sincerely,

Santiago G. Piqué
President
Olympian Receivables Recovery

FILED
05 OCT -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olympian Receivables Recovery, 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:

Santiago G. Piqué

(Name of Person)

Olympian Receivables Recovery, LLC

(Firm/Company)

7245 SW 87th Avenue, Suite 100

(Address)

Miami, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Santiago G. Piqué

(Name of Person)

at (305) 215-0155

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olympian Receivables Recovery, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

7245 SW 87th Avenue, Suite 100

Suite 100

Miami, Florida 33156

Mailing Address:

(same)

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Santiago G. Pique

Name

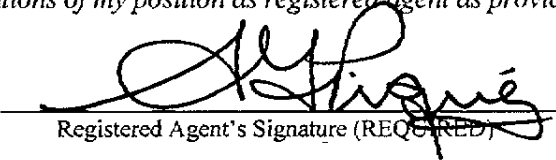
7245 SW 87th Avenue, Suite 100

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

Miami, FL 33156

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY 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:

MGRM

Santiago G. Pique

7245 SW 87th Avenue, Suite 100

Miami, Florida 33173

MGRM

Jorge E. Perez

7245 SW 87th Avenue, Suite 100

Miami, Florida 33173

MGRM

Ricardo J. Perez

7245 SW 87th Avenue, Suite 100

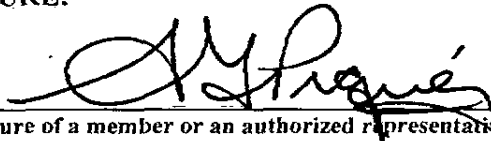
Miami, Florida 33173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/11/05 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Santiago G. Pique

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
05 OCT -3 AM 10:22
CLERK OF STATE
TALLAHASSEE, FLORIDA