

Division of Corporations

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DIVISION OF CORPORATION

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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 PROFESSIONAL FINANCIAL SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

PROFESSIONAL FINANCIAL SERVICES, L.L.C.

ARTICLE II-ADDRESS:

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

**260 WEST 57TH STREET
HIALEAH, FL 33012**

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

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

EMILIO J. MIYARES

Name

260 WEST 57TH STREET

Florida street address (P.O. Box not acceptable)

HIALEAH, FL 33012

City, State, and Zip

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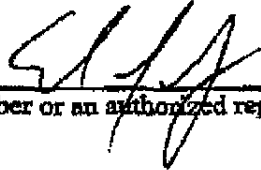
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

ARTICLE IV-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)


 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.)

EMILIO J. MIYARES
 Typed or printed name of signer

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