

12/19/2005

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BUSINESS

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0393

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)266-4080  
Fax Number : (305)221-2388

RECEIVED  
05 DEC 19 PM 2:08  
DIVISION OF CORPORATION  
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2005 DEC 19 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

MERINCO FINANCIAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: MERINCO 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:**

450 LAS OLAS BLVD SUITE 111  
FORT LAUDERDALE, FL. 33027

**Mailing Address:**

450 LAS OLAS BLVD SUITE 111  
FORT LAUDERDALE, FL. 33027

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

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

JAVIER A. HERNANDEZ

Name

450 LAS OLAS BLVD SUITE 111

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

FORT LAUDERDALE FL 33027

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,

Registered Agent's Signature

(CONTINUED)

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**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

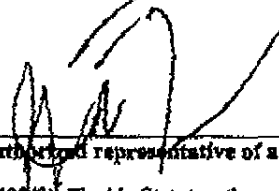
JAVIER A. HERNANDEZ  
450 LAS OLAS BLVD SUITE 111  
FORT LAUDERDALE, FL. 33027

MGR

MARTA ROGELIA MONTERREY  
450 LAS OLAS BLVD SUITE 111  
FORT LAUDERDALE, FL. 33027

(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.)

JAVIER A. HERNANDEZ

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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