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Florida Department of State
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Miana

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

RECEIVED
06 FEB 16 PM 12:59
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

M FINANCIAL GROUP II LLC

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

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STATE OF FLORIDA
TALLAHASSEE

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I- Name:

The name of the limited Liability Company is:

M FINANCIAL GROUP II LLC

Article II-Address:

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

principal Office Address:

Mailing Address:

168 SE 1st ST suite 1006

168 SE 1st ST suite 1006

Miami FL 33131

Miami FL 33131

Article III-Registered agent, Registered office, & Registered Agent's Are:

ALBERTO ARELLANO

Name

168 SE 1ST ST SUITE 1006

Florida street address

Miami FL 33131

City, State, 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 appointments 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

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FLORIDA

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

The name and address of each Manager Or managing Member is as follows:

Title:

Name and Address:

"MGR"= Manager

"MGRM"= Manager

MGRM

Oscar Chapa 168 SE 1st ST # 1006
Miami FL 33131

MGRM

Alberto Arellano 168 SE 1st ST #10 6
Miami FL 33131

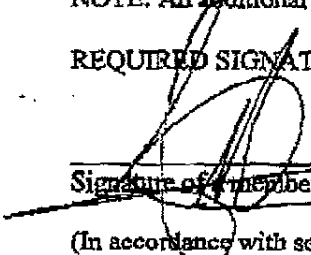
MGRM

Ana Solórzano 168 SE 1st ST # 100
Miami FL 33131

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of 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)

Alberto Arellano

Typed or printed name of signer