

Florida Department of State  
Division of Corporations  
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To:

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CARIBBEAN ACRES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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

The name of the Limited Liability Company is:

CARIBBEAN ACRES, 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:**9165 PARK DRIVESTE: 8MIAMI SHORES, FL 33138**Mailing Address:**9165 PARK DRIVESTE: 8MIAMISHORES, FL 33138**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:

ESTIME-THOMPSON, P.A.

Name

9165 PARK DRIVE STE: 8Florida street address (P.O. Box **NOT** acceptable)MIAMI SHORESFL 33138

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated corporation 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 the 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.*

  
Signature/Registered Agent

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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:**MRGMFIRST LOAN SOLUTIONS, INC.9165 PARK DRIVE STE: 8MIAMI SHORES, FL 33138MGRMCHRISTOPHER RAINFORD9165 PARK DRIVE STE: 8MIAMI SHORES, FL 33138MGRMDISRENE RAINFORD9165 PARK DRIVE STE: 8MIAMI SHORES, FL 33138

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Christopher Rainford  
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)

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