|          | Florida Department of State<br>Division of Corporations                                                                                                                                                                |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | Public Access System                                                                                                                                                                                                   |
|          | Electronic Filing Cover Sheet                                                                                                                                                                                          |
|          | Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.                                                                  |
|          | (((H06000077841 3)))                                                                                                                                                                                                   |
|          | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.                                                                                                 |
|          | To:<br>Division of Corporations<br>Fax Number : (850)205-0383<br>From:<br>Account Name : EXPRESS CORPORATE FILING SERVICE INC.<br>Account Number : FCA000000027<br>Phone : (305)444-4994<br>Fax Number : (305)444-4977 |
| RECEIVED | u Certificate of Status 1                                                                                                                                                                                              |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

PINQUIERE, DUFREINE & ASSOCIATES, LLC

(Must end with the words "Limited Linbility 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: | Mailing Address:       |  |  |
|---------------------------|------------------------|--|--|
| 9165 PARK DRIVE           | 9165 PARK DRIVE        |  |  |
| STE: 8                    | STE: 8                 |  |  |
| MIAMI SHORES, FL 33138    | MIAMI SHORES, FL 33138 |  |  |

ARTICLE DI - 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: 8 Florida street address (P.O. Box NOT acceptable)

MIAMI SHORES FL 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 maximum appointment agree.

position as registered agen

(CONTINUED) Page1 of2



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|---|-------|----|----|----------------------------------------|----------------------------|------------------------------------------------------------------|-----|
| - |       |    |    |                                        |                            | (((H06000077841)))                                               |     |
|   |       |    |    |                                        |                            | Managing Member(s):<br>Ianager or Managing Member is as follows: |     |
|   |       |    |    | <u>Title:</u><br>"MGR" = M<br>"MGRM" = | fanager<br>Managing Member | Name and Address:                                                |     |
|   |       |    |    | MGRM                                   |                            | FIRST LOAN SOLUTION, INC.                                        |     |
|   |       |    |    |                                        |                            | 9165 PARK DRIVE STE: 8                                           |     |
|   |       |    |    |                                        |                            | MIAMI SHORES, FL 33138                                           |     |
|   |       |    |    | MGRM                                   |                            | GUETY PINQUIERE                                                  |     |
|   |       |    |    |                                        |                            | 9165 PARK DRIVE STE: 8                                           |     |
|   |       |    |    |                                        |                            | MIAMI SHORES, FL 33138                                           |     |
|   |       |    |    | MGRM                                   |                            | JEAN G. DUFREINE                                                 |     |
|   |       |    |    |                                        |                            | 9165 PARK DRIVE STE: 8                                           |     |
|   |       |    |    |                                        |                            | MIAMI SHORES, FL 33138                                           |     |
|   |       |    |    |                                        |                            |                                                                  |     |
|   |       |    |    |                                        |                            | ······································                           |     |
|   |       |    |    |                                        |                            |                                                                  |     |
|   |       |    |    |                                        |                            |                                                                  |     |
|   |       |    |    |                                        |                            |                                                                  |     |

(Use attachment if necessary)

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

Tean rena

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.)

> JEAN G. DUFREINE 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)

\$ 5.06 Certificate of Status (Optional)

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