Florida Department of State

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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LIABILITY CO

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 36 HAY 11 PM 3: 59 VISION OF CORPORATIO

RJMAX CREDIT CONSULTANTS LLC

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: RJMAX CREDIT CONSULTANTS 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:	
210 174th Street	210 174th Street	
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160	-
ARTICLE III - Registered Agent, Registered Off	fice & Registered Agent's Signature	-
The name and Florida street address of the registered agent are		
Rafael Jaquez	7.0	
	Name Name	
210 174th Stre	and A	~~
(P.O. Box or	Mail Drop Box NOT Acceptable)	
Sunny Isles Be	90 A 90 PM 9	Ö
((City / State / Zip)	
at the place designated in this certificate, I hereby accept	vice of process for the above stated limited liability compar the appointment as registered agent and agree to act in thi all statutes relating to the proper and complete performand thons of my position as registered agent as provided for in	S
Registered Agent's Si	gnatura Rafael Jaquez	

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ARTICLE IV - Manager(s) or The name and address of each Mana	Managing Member(s): ager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Rafael Jaquez-210 174th Street, Sunny Isles Beach, FL	33160
		—————————————————————————————————————
(Use attachment if necessary) REQUIRED SIGNATURE:		GECHAY II
	of a member or authorized representative of a member.	FILED 11 AM 9: 48 SSEE FLORIDA
	ace with section 608.408(3), Florida Statutes, the execution of natitutes an affirmation under the penalties of perjury that the are true.)	
	Rafael Jaquez	
	Typed or printed name of signee	