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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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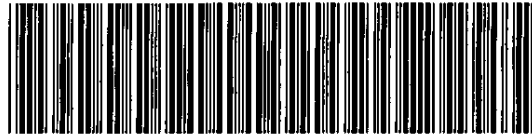
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/28/06--01035--014 \*\*160.00

FILED  
2006 JUN 28 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-06224  
OK

EFFECTIVE DATE

6-28-06

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIA LOAN LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO HERRERA  
(Name of Person)

MIA LOAN LLC  
(Firm/Company)

1501 SW 153 PATH  
(Address)

MIAMI FL 33194  
(City/State and Zip Code)

2006 JUN 28 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ERNESTO HERRERA at (305) 546-9664  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MIA LOAN 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:**

1501 SW 153 PATH  
MIAMI FL 33194

**Mailing Address:**

1501 SW 153 PATH  
MIAMI FL 33194

**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:

ERNESTO HERRERA

Name

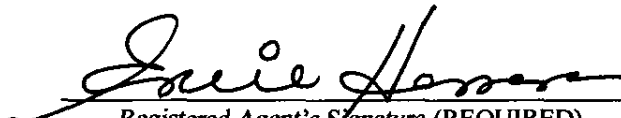
1501 SW 153 PATH

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

MIAMI FL 33194

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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
6-25-06

FILED  
2006 JUN 28 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

MGR

**Name and Address:**

ERNESTO HERRERA  
1501 SW 153 Pkwy  
MIAMI FL 33198

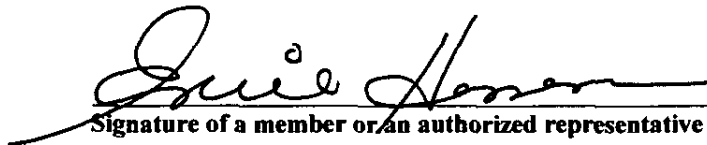
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/25/06 (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.)

ERNESTO HERRERA

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)

Form

**SS-4****Application for Employer Identification Number**

(Rev. December 2001)

Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **20-5098989**

OMB No. 1545-0003

Type or print clearly.

<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>MIA LOAN LLC</b>		
<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name	
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>1501 SW 153 PATH</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.) <b>SAME AS MAILING ADDRESS</b>	
<b>4b</b> City, state, and ZIP code <b>MIAMI FL 33194</b>	<b>5b</b> City, state, and ZIP code	
<b>6</b> County and state where principal business is located <b>DADE FL</b>		
<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor <b>ERNESTO HERRERA</b>	<b>7b</b> SSN, ITIN, or EIN <b>261574235</b>	
<b>8a Type of entity</b> (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b> <input type="checkbox"/> Personal service corp. <b>SINGLE MEMBER</b> <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ <b>LLC 8832 ELECT CORP</b>		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <b>FL</b>	Foreign country	
<b>9 Reason for applying</b> (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>MORTGAGE BROKER</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
<b>10</b> Date business started or acquired (month, day, year) <b>06/25/06</b>	<b>11</b> Closing month of accounting year <b>DECEMBER</b>	
<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).</i> ▶ <b>12/31/06</b>		
<b>13</b> Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶ <b>0</b>	Agricultural	Household
	<b>0</b>	<b>0</b>
<b>14</b> Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input checked="" type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____	
<b>15</b> Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>MORTGAGE BROKER BUSINESS</b>		
<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i>		
<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____		
<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____		
<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Ben Humphreys at Tax9er</b>	Designee's telephone number (include area code) <b>( 888 ) 459 - 8173</b>
	Address and ZIP code <b>Bayone NJ 07002</b>	Designee's fax number (include area code) <b>( 702 ) 446 - 9471</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <b>ERNESTO HERRERA</b> <b>PRESIDENT</b>		
Signature ▶ <i>Ernesto Herrera</i>		Date ▶ <b>06/25/06</b>
		Applicant's telephone number (include area code) <b>( 305 ) 546 - 9664</b>
		Applicant's fax number (include area code) <b>( 305 ) 225 - 8489</b>