

✓  
L06000084146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

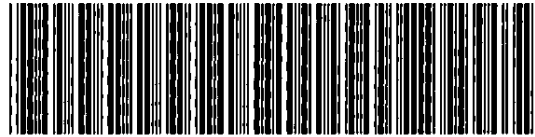
(Document Number)

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

Special Instructions to Filing Officer:

BK

Office Use Only



900077646589

08/25/06--01016--020 \*\*155.00

RECEIVED

06 AUG 25 AM 11:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

06 AUG 25 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TRUST FINANCIAL SERVICES LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☒ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
06 AUG 25 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR**

(A Florida Limited Liability Company)

**FILED**  
06 AUG 25 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the limited liability company is (the “Limited Liability Company”).

TRUST FINANCIAL SERVICES LLC

**ARTICLE II – Duration:**

The period of duration for the Limited Liability Company shall commence on the date on which these Articles of Organization are filed with the Department of State of the State of Florida, and shall be perpetual.

**ARTICLE III – Purpose:**

INSURANCE COMPANY

The Limited Liability Company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the Florida Limited Liability Company Act. (Section 608.401, et. Seq., Florida Statutes).

**ARTICLE IV – Address:**

The mailing and street address of the principal office of the Limited Liability Company shall be

7801 CORAL WAY STE 104  
MIAMI, FL 33155

**ARTICLE V – Management:**

The management of the Limited Liability Company is reserved to the members. The members of the Limited Liability Company are:

ORESTES LLORENTE  
7801 CORAL WAY STE 104  
MIAMI, FL 33155

CECILIA M. ESTRADA  
14027 S.W. 91 ST TERRACE  
MIAMI, FL 33186

**ARTICLE VI – Registered Agent:**

The registered agent for service of process on the Limited Liability Company shall be

ORESTES LLORENTE  
7801 CORAL WAY STE 104  
MIAMI, FL 33155

**ARTICLE VII – Debt and Contractual Liability**

Any member may contract debt and/or incur contractual liability by or on behalf of the Limited Liability Company.

**IN WITNESS WHEREOF**, the undersigned hereby affirm under the penalties of perjury that the facts stated hereinabove are true and have executed this instrument as of this 23 day of AUGUST, 2006



**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

Having been named to accept service of process for the above stated Limited Liability Company, \_\_\_\_\_ states that he is familiar with and hereby agrees to act in this capacity, and agrees to comply with the obligations of said position.

Dated this 23 day of AUGUST, 2006

By: \_\_\_\_\_

