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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : RICARDO A. ROIG, P.A.
Account Number : I20020000054
Phone : (813)876-0088
Fax Number : (813)876-0445

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FLORIDA/FOREIGN LIMITED LIABILITY COMPANY

SAMUEL FINANCIAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
SAMUEL FINANCIAL GROUP, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is SAMUEL FINANCIAL GROUP, LLC., effective this 29th day of September, 2006.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 1775 N.E. 162 Street, North Miami Beach, Florida 33162.


**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Ricardo A. Roig, P.A.
4023 North Armenia Avenue, Suite 400
Tampa, Florida 33607

**ARTICLE VI
MANAGEMENT**

The Limited Liability Company is to be managed by one or more Managing Members and is, therefore, a member-managed company.



Signature of a member or 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.)

Ricardo A. Roig, authorized representative

Typed or printed name of signer

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ACCEPTANCE OF REGISTERED AGENT

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 in Chapter 608, F.S.



Registered Agent's Signature

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