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(Re	equestor's Name)
(Ad	ddress)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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## LAZARUS CORPORATE FILING SERVICE

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

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

SOUT 25 PM 1:02

		Office Use Only
PRPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if ke	nown):
	16 GROUP LLC	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	1000
Walk in Pick up tim	ne 2.00	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
IEW FILINGS	<u>AMENDMENTS</u>	•
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Register Dissolution/Withdr	red Agent
OTHER FILINGS	REGISTRATION/QU	JALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnershi Reinstatement Trademark Other	p ·
		Examiner's Initials

	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
FRIAS FINANCING GROUP LLC	E. C.
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2655 LE JEUNE ROAD, SUITE 411	2655 LE JEUNE ROAD, SUITE 411
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
Y	ANET FRIAS
	Name
	SW 99 STREET
Florida	street address (P.O. Box <u>NOT</u> acceptable)
	MAMI FL 33186
Cit	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent	s \$ignature (REQUIRED)
	1-

(CONTINUED) Page 1 of 2

<u>Γitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Mem	ber
MANAGER	YANET FRIAS
<del></del>	11862 SW 99 STREET
	MIAMI, FL 33186
·	
	•
Use attachment if necessary	·)
•	•
<b>LE V:</b> Effective date, if other	r than the date of filing: (OPTION
LE V: Effective date, if other fective date is listed, the date	r than the date of filing: (OPTION e must be specific and cannot be more than five business d
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ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)