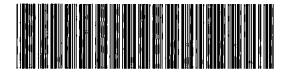
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# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305

(305) 444-4994

City/State/Zip Phone #



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### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

١.	CREDIT DEBT	MANAGEMENT, LLC
	(Corporation Name)	(Dacument #)
2.		
	(Corporation Name)	(Document #)
3.		
	(Corporation Nama)	(Document #)
1.		
	(Corporation Name)	(Document #)
	Walk in Pick up time	Certified Copy
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	NEW FILINGS
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

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

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		,		
The name of the Limited I	Liability Compai	ny is:	3	<sup>2</sup> 6 3
			7	C 5 77
CREDIT DEBT MANAGE!	MENT, LLC			THE T
(Must end with the words "Limited	Liability Company,	"Limited Company" or their abbre	eviation "LLC," or "	ြက္သြား ယ 🖫
				THE T
ARTICLE II - Address:				
The mailing address and s	treet address of t	the principal office of the	: Limited Liabili	ity Company is:
Dulaniani Office Addison		16.99 A J J	_	RALL OF
Principal Office Address	i	Mailing Address	i	D.
17519 NW 66 CT		17519 NW 66 CT		
HIALEAH, FL 33015		HIALEAH, FL 33015	***************************************	
	·			
(The Limited Liability Company consumers entity with an active Florida The name and the Florida	rida registration.)	•		
	JOHNA	PHON KING		
	1	Name		
	17519 N	IW 66 CT		
<del></del>	Florida stre	eet address (P.O. Box NOT ac	cceptable)	
	HIALEAH	Et 33015		
- <del></del>	City, S	State, and Zip	***************************************	
liability company at the registered agent and agree statutes relating to the pi accept the obligations	e place designate e to act in this ca roper and comple of my position as	nd to accept service of product in this certificate, I here pacity. I further agree to determine the performance of my duties registered agent as provided to the performance of my duties registered agent as provided to the performance of my duties registered agent as provided to the performance of my duties agent as provided to the performance of the pe	by accept the ap comply with the ies, and I am far	ppointment as provisions of all niliar with and
	togistprou Agent s	Signature (REQUIRED)		

(CONTINUED) Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM JOHNAPHON KING 17519 NW 66 CT HIALEAH, FL 33015 **MGRM** JORGE CORREA 14901 SW 4 STREET UNIT: 4 PEMBROKE PINES, FL 33027 MGRM **RAUL CORREA** 14901 SW 4 STREET UNIT: 4 PEMBROKE PINES, FL 33027 MGRM **CHARLOTTE COLEMAN** 81 NW 29 TERR FT. LAUDERDALE, FL 33311 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL)

REQUIRED SIGNATURE;

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

CHARLOTTE COLEMAN

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)