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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Co | | | | | | |
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| SUBJ | IECT: THE N | OTARY NETWORK | d Liability Compa | nv) | | - | |
| | | (Marie of Elline | a Ziaomiy Compa | , / | | | |
| The e | nclosed Articles o | f Organization and fee(s) are s | ubmitted for filing | , . | | | |
| Please | e return all corresp | ondence concerning this matte | er to the following | : | | | |
| | RICARDO | A. MORALES | • | | | | |
| | • | (| Name of Person) | | | | |
| | THE NOTA | ARY NETWORK | | | • | | 07 |
| | _ | (| Firm/Company) | | | PS | P |
| | 4860 NW | 86TH TERRACE | | | | 出る | APR 14 PH 12: 36 |
| | | | (Address) | | | HICO CHICO | 19 PH |
| | LAUDERH | HILL, FL 33351 | | | | E SI | :2 |
| | | (City | /State and Zip Code |) | | gir gir | 36 |
| For fu | irther information | concerning this matter, please | call: | | | | |
| RIC | ARDO A. MO | ORALES | at (954 | 448-212 | 1 | | |
| 1110 | | e of Person) | Area Code | ' | elephone Number) | - | |
| Enclo | osed is a check fo | or the following amount: | | | | | |
| □ \$12 | 25.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Fi Certified Copy (additional copy) | <i>t</i> | \$160.00 Filing Certificate of Star Certified Copy (additional copy is en | tus & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 | Registrati Division Clifton B 2661 Exe | ourier Addression Section of Corporation uilding cutive Center ee, FL 32301 | ns | | |

FILEU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|--|
| THE NOTARY NETWORK, LLC (Must end with the words "Limited Liability Company. "Limited | I Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company : |
| Principal Office Address: | Mailing Address: |
| 4860 NW 86TH TERRACE LAUDERHILL, FL 33351 | 4860 NW 86TH TERRACE LAUDERHILL, FL 33351 CONTROL CONTR |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature? |
| The name and the Florida street address of the re- | egistered agent are: |
| RICARDO A. MORALES | |
| Name | |
| 4860 NW 86TH TERRACE | |
| Florida street add | ress (P.O. Box <u>NOT</u> acceptable) |
| LAUDERHILL, FL 33351 | FL |
| City, State, a | nd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limiter agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer | Name and Address: |
|--|---|
| MGR | RICARDO A. MORALES 4860 NW 86TH TERRACE LAUDERHILL, FL 33351 |
| | |
| | SECRETARY OF ST. |
| | OF STATE FLORIDA |
| | er than the date of filing: (OPTIONAL) |
| f an effective date is listed, the da or 90 days after the date of filing | ite must be specific and cannot be more than five business days prior g.) |
| REQUIRED SIGNATUR | do G. Morales |
| (In accorda of this doc that the f | of a member or an authorized representative of a member. unce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.) CALO A Monales Typed or printed name of signee |
| Filing Fees: | Typed or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)