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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Document #) Pick up time 2.00 Certified Copy Photocopy Certificate of Status **AMENDMENTS** Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger **REGISTRATION/QUALIFICATION** Foreign Limited Partnership Reinstatement

Examiner's Initials

Trademark Other

CR2E031(7/97)

Walk in

Mail out

NEW FILINGS

Not for Profit

Other

Limited Liability

Domestication

OTHER FILINGS

Annual Report

Fictitious Name

Profit

			DES JU
RTICLES OF ORGANIZA	TION FOR FLO	ORIDA LIMITED LIAB	ILITY COMPANY
ARTICLE I - Name: The name of the Limited Liab	oility Company is:		55 K. 65 S.
MILLENNIUM F	iNANCIAL,	LLC	(00 T
(Must and with the words "Limited Lia	bility Company, "Limited	Company" or their abbieviation "L	LC," or "L.C.,")
ARTICLE II - Address: The mailing address and stree	et address of the pri	ncipal office of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
8390 NW 53 ST. DORAL, FL 331	Suite 110	SAME	
DORAL, FL 331	66		
			
	DAO PABLO Name	Reus	
839		ress (P.O. Box NOT acceptable)
	DORAL City, State, 8	FL 33166 and Zip	
registered agent and agree to statutes relating to the pro	olace designated in to to act in this eapact per and complete per my position de regi	his certificate, I hereby acco	ept the appointment as with the provisions of I I am familiar with an
Re	gistered Agent's Signa	ture (REQUIRED)	
		_ , , ,	

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE

Signature of a member or an 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.)

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)