

FROM : LAZARUS
Division of Corporations

FAX : 352-1440

Nov. 2 2007 9AM P1

607000111314

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1107000270616 3)))



H070002706163ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : T20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
07 NOV -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COMPLETE SOLUTIONS PARTNERSHIPS FINANCIAL GROUP LLC

RECEIVED

07 NOV -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

MST

H 07 000 270616

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Complete Solutions Partnerships Financial Group LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4800 N State Road 7, Suite 107
Lauderdale Lakes, Florida 3319**Mailing Address:**3000 E Sunrise Blvd #15F
Fort Lauderdale, Fl. 33304**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rocco Kryns

Name

4800 N. State Road 7, Suite 107

Florida street address (P.O. Box NOT acceptable)

Lauderdale LakesFL 33319

City, State, and Zip

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 for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H 07 000 270616

FILED
07 NOV - 2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 07 000 270616

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

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

Title:

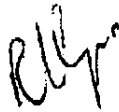
"MGR" = Manager

"MGRM" = Managing Member

MGR**Name and Address:**Rocco Kryns3000 E Sunrise Blvd #15 FFort Lauderdale, FL 33304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ROCCO KRYNS

Typed or printed name of signer

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)

H 07 000 270616

FILED
07 NOV -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA