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DIVISION OF CORPORATIONS

OF NOV -5 PM 4: 08

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TO:

Registration Section

Division of Cor	porations				
SUBJECT: Prestige	e Financial Solut	ions, LLC.			
	(Name of Limit	ed Liability Compa	ny)		
The enclosed Articles of	Organization and fee(s) are	submitted for filing	•		
Please return all correspo	ndence concerning this mat	ter to the following:			
Felipe Burg	jos				
		(Name of Person)			
Prestige F	inancial Solution	s, LLC.			
	 	(Firm/Company)			
14117 ∩acid	S Cove Blvd., Suite	302			97 1810
			· · · · · · · · · · · · · · · · · · ·		WISE WISE
		(Address)			2 3
Windermere	e, FL 34786				07 NOV -5 PH 4: 08
•	(Cit	y/State and Zip Code))		- p 02
For further information c	oncerning this matter, please	e call:			. o
Felipe Burgos		at (910)	261-35	08	ω ,
(Name o	of Person)	(Area Code	& Daytime T	elephone Number)	
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	y	▼ \$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is enc	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu	of Corporatio	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Prestige Financial Solutions, LLC	•	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Compa	my is:
Principal Office Address:	Mailing Address:	
14117 Oasis Cove Blvd., Suite 302	14117 Oasis Cove Blvd., Suite 302	
Windermere, FL 34786	Windermere, FL 34786	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another	O7 NOV -5 PH 4: 0
Felipe Burgos		PM 4: 08
Name		F . §
14117 Oasis Cove Bly	d., Suite 302	000

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

Windermere, FL 34786

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

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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Felipe Burgos	
	2520 SW 22nd St. Suite 2-014	
	Miami, FL 33145	
MGRM	Felipe Burgos-Rivera	
	7625 27st W Suite B-14	
	University Place, WA 98466	
MGRM	Elizabeth Acosta	0
	1451 Belfiore Way	07 NOV
	Windermere, FL 34786	
		7 - 7
		3
	,	
(Use attachment if necessary)		C
LE V: Effective date, if other than the	ne date of filing: (be specific and cannot be more than five bu	(OPTIONAL) I <mark>siness days p</mark>
fective date is listed, the date must days after the date of filing.)		
days after the date of filing.)	/	
days after the date of filing.) REQUIRED SIGNATURE:		
days after the date of filing.) REQUIRED SIGNATURE:	ber oy an authorized representative of a member.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Felipe Burgos

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

Typed or printed name of signee