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Florida Department of State  
Division of Corporations  
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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## UNITED BUSINESS FINANCIAL, LLC.

Certificate of Status	0
Certified Copy	1
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

United Business Financial, 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 are:

**Principal Office Address:**

6825 Miami Lakes  
Drive Suite 412  
Miami Lakes, FL 33014

**Mailing Address:**

Same

**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:

Dana Ferguson  
Name  
6825 Miami Lakes Drive  
Florida street address (P.O. Box NOT acceptable)  
Miami Lakes FL 33014  
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.

Dana Ferguson  
Registered Agent's Signature (REQUIRED)

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**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

**Name and Address:**

MGR

Antron Wright  
4825 Miami Lakes  
Drive, Miami Lakes, FL Suite 412  
33014

MGRM

Dana Ferguson  
4825 Miami Lakes Suite 412  
Drive Miami Lakes, FL 33014

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(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:**

Antron Wright  
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.)

Antron Wright  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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