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08 MAY -1 PH 4: 36

SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD

 $M\Delta Y = 2 2008$

EXAMINER

COVER LETTER

SUDJECT.	FINANCIEF	RA D2M, I	LC.
SUBJECT:	(Name of Limited	<u>`-</u> _	
The enclosed Articles of	f Organization and fee(s) are sub	omitted for filin	g.
Please return all corresp	ondence concerning this matter	to the following	g:
	JOR	GE SAN	Z
	(Na	ame of Person)	
	FINANC	IERA D2I	M, LLC.
	(Fi	irm/Company)	
	2843 PEI	MBROKE	ROAD
		(Address)	
	HOLLYWO	OD, FL 3	3020
	· (City/S	tate and Zip Cod	e)
For further information	concerning this matter, please ca	all:	
JOR	GE SANZ	, 786	488-0305
(Name	of Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed is a check fe	or the following amount:		
\$125.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registrat	ourier Address ion Section of Corporations Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Co	mpany is:		
	EINIANICIE	ERA D2M, LLC.		
(Must		imited Liability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Add	ress:	•		
		s of the principal office of the Limited Liability	/ Compan	ıy is:
Principal Office Ad	ldress:	Mailing Address:		
2843 PEMBROKE ROAD	,)	2843 PEMBROKE ROAD		DIVISION OF COESCRATION mited as
HOLLYWOOD, FL 33020)	HOLLYWOOD, FL 33020		
(The Limited Liability Conbusiness entity with an ac	ppany cannot serve as intive Florida registration orida street addre	Person of the registered agent are: ORGE SANZ Name Pembroke Road.	anothe MAY - 1 PM 4: 36	SECRETARY OF STATE VISION OF COESCRATION
		da street address (P.O. Box <u>NOT</u> acceptable)		-4-
-	<u>.</u>	wood, FL _{F2} 33020 City, State, and Zip		
liability company registered agent and statutes relating to	v at the place desig d agree to act in th o the proper and co	ent and to accept service of process for the above gnated in this certificate, I hereby accept the appoins capacity. I further agree to comply with the promplete performance of my duties, and I am famion as registered agent as provided for in Chapter	ointment d rovisions liar with d	as of all and

(CONTINUED) Page 1 of 2

gent's Signature (REQUIRED)

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 M	Name and Address: ember
MGRM	Sergio Lucio Manuel Pablo
	2843 Pembroke Road
	Hollywood, FL 33020
MGRM	Gloria Alvarado Solis
	2843 Pembroke Road
	Hollywood, FL 33020
MGRM	Vicente Hernandez Hernandez
	2843 Pembroke Road
	Hollywood, FL 33020
MGRM	Terra MoSa, LLC.
	2843 Pembroke Road
	Hollywood, FL 33020
(Use attachment if necess LE V: Effective date, if of	ther than the date of filing: 4/30/2008 . (OPTIONA
ffective date is listed, the or days after the date of fili	date must be specific and cannot be more than five business da
REQUIRED SIGNATU Signatur (In according to this do	date must be specific and cannot be more than five business daing.) RE: eof a member or an authorized representative of a member. redance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penaltics of perjury
days after the date of fili REQUIRED SIGNATU Signatur (In according to this do	date must be specific and cannot be more than five business daying.) RE: eof a member or an authorized representative of a member. redance with section 608.408(3), Florida Statutes, the execution

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)