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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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08 MAY 30 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

my community finance llc

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(2)

ARTICLES OF ORAGNIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

MY COMMUNITY FINANCE LLC

ARTICLE II – Address:

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

9485 SW 72 ST A 225 MIAMI, FL 33173

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANDY MARTINEZ CPA
Name
9485 S.W. 72 ST. SUITE 225
Florida street address (P.O. Box NOT acceptable)
MIAMI FL. 33173
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

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TALLAHASSEE, FLORIDA

ARTICLE IV – Management (Check if applicable)
☒ The Limited Liability Company is to be managed by one or more managers and is therefore, a manager – managed company.

ALEJANDRO A TORRES

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative 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)

Alejandro A. Torres
Typed or printed name of signer

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