

Division of Corporations

Page 1 of 1

09000058347

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.

(((H09000144241 3)))



H090001442413ABCZ

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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

2009 JUN 16 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Choice One Financial LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T. CLINE

JUN 17 2009

EXAMINER

RECEIVED

09 JUN 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000144241

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Choice One Financial LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

218 SE 14th Street #1803

218 SE 14th Street #1803

Miami, FL 33131

Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Aditya Saraogi

Name

218 SE 14th Street #1803

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33131

(City / State / 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 - Aditya Saraogi

2009 JUN 16 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

H09000144241

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

Title:

"MGR" = Manager

"MCRM" = Managing Member

Name and Address:

MGR

Aditya Saraogi - 218 SE 14th Street #1803, Miami, FL 33131

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Aditya Saraogi

Typed or printed name of signer

2009 JUN 16 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED