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SECRETARY OF STATE HS
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B. KOHR

JAN 1 2 2010

EXAMINER

Eduardo Carvajal 9525 Bay Drive Surfside, FL 33154 (305) 753-3958

January 6th, 2010

ON TENED STATIONS OF LEVEL OF CORPORATIONS

To Whom It May Concern:

Please find enclosed the articles of organization and a check for the creation of my new company MIA Financial Services, LLC.

Sincerely,

Eduardo Carvajal

CEO

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: MIA Fiva Name of Limi	NCIL Services, LLC ted Liability Company
The end	losed Articles of Organization and fee(s) are	submitted for filing.
Please r	eturn all correspondence concerning this ma	tter to the following:
-	Eduardo Ca	Name of Person
-	MIA FINANC	rial Services, LLC Firm/Company
-	9525 1	Bay Drive
-	Surtside, El	33/54 ity/State and Zip Code
	eduardo @ mia co E-mail address: (to be used	nsulting. Iom for future amual report notification)
For furt	her information concerning this matter, pleas	ie call:
	Eduardo Carvaja Name of Person	at (305) 253-3958 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:	
] \$125.0	00 Filing Fee \$\) Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: .	<u> </u>
The name of the Limited Liability Company is:	6
MIA F; NANC [a] Ser (Must end with the words "Limited Liabili	vices, LLC.
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	R
The mailing address and street address of the pri	incipal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
9525 BAU Drive	9525 Buy Prive
9525 Bay Drive Surtsile +1 33154	9525 Bay Prive Surfsik Fl 33154
(The Limited Liability Company cannot serve as its own Registations) The name and the Florida street address of the residual points of the residual points.	egistered agent are:
5208 A/1	
Florida street address (P.O.	
Miami Black City State or	FL 33/90
Ony, State, at	и др
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as p. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.,
Registered Agent's Signatu	are (REQUIRED)

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:

"MGRM" = Mar	ger naging Member	Name and Address:
MGRM - Wat		Eduardo Carveja 9525 Bay Drive Suchside 21 33154
	_	
	_	
(Use attachment	if necessary)	
(OSC attachment		
LE V: Effective	sted, the date must be s	te of filing: (OPTIONA pecific and cannot be more than five business day
LE V: Effective	eted, the date must be s ate of filing.)	te of filing: (OPTIONA pecific and cannot be more than five business day
LE V: Effective ffective date is list days after the days	eted, the date must be spate of filing.) GNATURE: Level 1	te of filing: (OPTIONAl pecific and cannot be more than five business day
LE V: Effective ffective date is list days after the days	GNATURE: Signature of a member of this document constitute that the facts stated herein	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)
LE V: Effective ffective date is list days after the days	GNATURE: Signature of a member of this document constitute that the facts stated herein	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)
LE V: Effective fective date is lis days after the da	GNATURE: Signature of a member of this document constitute that the facts stated herein Typed	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury

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