110000020351

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(======, -====,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE TALLAHASSEF, FI ORIO

J. BRYAN

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EXAMINER

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COVER LETTER

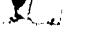
10: Registration Sec Division of Corp				
SUBJECT: ME	N Financja Name of Limi	ded Liability Company		
The enclosed Articles of O	organization and fee(s) are	submitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
	Micha	rel WARK		
		Name of Person	io FE SECRI TALLA	-77
		Firm/Company	8 22 HASS	
	40 NE 166	th 57	2 PM 3: 1' RY OF STAT SEE. FLORI	Ī
	_	Addrėss	STA STA	
<u>n.</u>	MiAMi BEA	ach FL 33/6	7	
	CBV45e11Rc E-mail address; (to be used	Address Add	ncT	-
For further information cor				
Michael Name of I	WANK Person	at (786) 786 - Area Code & Daytime Tele	6446 phone Number	
Enclosed is a check for t	he following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com MEN Financial	npany is: Group LLC nited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
40 NE 166+6 ST N. M. AM BEACH, FC 33/62	1.0.Box 641221 miami, FL 33164
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Mic. Florida street address	Ď. S. ₹
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Michael WANK 10.80x 641221 Miami, FC 33/64
	ΔS.
	FEB:22
	E. P. S. A. D. D. S. A. D. D. S. A. D. S. D. S. A. D. D. S. D. S. D. S. A. D. D. S. A. D. S. A. D. S.
(Use attachment if necessary)	चू न जु
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury a are true.)
Filing Fees:	d or printed name of signee
\$125.00 Filing Fee for Articles of Organi	zation and Decignation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)