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SECRETARY OF STATE

COVER LETTER

TO: Registration of Division of	on Section f Corporations					
SUBJECT: M&	M Asset Holdings,	LLC				
SUBJECT:	Name of Limited Liability Company					
The analoged Auticl	f.Oiti	and the description				
	es of Organization and fee(s) are					
Please return all cor	respondence concerning this mat	ter to the following:				
Jorge S	Sanchez-Galarraga	a, Esq.				
		Name of Person				
Sanche	ez-Galarraga, P.A.					
		Firm/Company				
1313 P	once de Leon Boule	vard, Suite 301				
		Address				
Coral Ga	bles, Florida 33134					
		y/State and Zip Code				
jsg@sgpa	alaw.com					
	E-mail address: (to be used t	or future annual report notification)				
For further informat	ion concerning this matter, please	call:				
Jorge Sanche	z-Galarraga	at (305) 445-5351				
Na	me of Person	Area Code & Daytime Telephone Number				
Enclosed is a check	k for the following amount:					
	✓ \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,				
	Certificate of Status	Certified Copy Certificate of Status &				
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing Address Registration Section	Street/Courier Address Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
	- · · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	Æ.1	[-]	Na	m	e

The name of the Limited Liability Company is:

M&M Asset Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

1901 Ponce de Leon Boulevard
Coral Gables, Florida 33134

1901 Ponce de Leon Boulevard Coral Gables, Florida 33134

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jorge Sanchez-Galarraga

Name

1313 Ponce de Leon Boulevard, Suite 301

Florida street address (P.O. Box NOT acceptable)

Coral Gables

₋₋ 33134

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 (REQUIRED)

(CONTINUED)

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:	
MGRM	EuroBank	
	1901 Ponce de Leon Boulevard Coral Gables, Florida 33134	
MGRM	Banif Finance (USA) Corp.	
	1001 Brickell Bay Drive, Suite 2904	
	Miami, Florida 33131	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business da	IAL) ays prior
REQUIRED SIGNATURE:		Jasivio Jasivio
ST.		SION OF CO
Signature of a memb	ber or an authorized representative of a member.	9 A
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	AM Q 51

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Jorge Sanchez-Galarraga

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee