## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit numb (shown below) on the top and bottom of all pages of the document.

(((H12000123395 3)))



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 : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019

Fax Number

Phone : (305)552-5973 : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emmil	Address:		
-------	----------	--	--

## FLORIDA LIMITED LIABILITY CO. CORREA INVESMENTS & MONEY EXCHANGE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/3/2012

FILED 12 MAY -3 AM 8: 16

SECRETARY OF STATE

ARTICLES OF ORG	GANIZATION FOR	FLORIDA LIMITED LIA	BILITY COMPA
ARTICLE I - Name: The name of the Limit	ted Liability Company	is:	•
	· -		
PORREA	INVESTME	N/S & MONEY	EXCHARG
		inbility Company, "L.L.C.," or "LLC."	
ARTICLE II - Addre	PCC!	•	
		e principal office of the Limit	ed Liability Compar
Principal Office Add	ress:	Mailing Address:	
2900 KW 75	- F ALCE	2900 NW	72 Acor
MIANI, FL.	33/22	MIAMI, FL	33/22
business entity with an activ	e Florida registration.)	tegistered Agent. You must designate a the registered agent are:	gent's Signature: n individual or another
business entity with an activ	e Florida registration.)	- "	
business entity with an activ	rida street address of the	he registered agent are:  ORREA	
business entity with an activ	rida street address of the EUTIMIC No. 2900 / Florida street	he registered agent are:  ORREA  ame  VW 72 AUE  1 address (P.O. Box NOT acceptab	n individual or another
business entity with an activ	rida street address of the EUTIMIC No. 2900 / Florida street	he registered agent are:  ORREA  ame  VW 72 AUE  1 address (P.O. Box NOT acceptab	n individual or another
business entity with an activ	rida street address of the EUTIMIC No. 2900 / Florida street	he registered agent are:  5 CORREA  ame  VW 72 AUE	n individual or another
business entity with an active The name and the Floring been named of Having been named of	rida street address of the EUTIMIC No. 2900 / Florida street LORA/ City as registered agent and	the registered agent are:  CORREA  ame  VW 72 AUE  address (P.O. Box NOT acceptab  FL 3312 2  y, State, and Zip  it o accept service of process for	n individual or another  le)  or the above stated li
the name and the Floring been named of liability company of	rida street address of the EUTIMIC No. 2900 / Florida street LORA/ City as registered agent and at the place designated	he registered agent are:  ORREA  ame  VW 72 AUE  address (P.O. Box NOT acceptab  FL 3312 2  y, State, and Zip  It to accept service of process for in this certificate, I hereby acceptable	n individual or another  le)  or the above stated licept the appointment
Having been named of liability company of registered agent and of a	rida street address of the EUTIMIC No. 2900 / Florida street LORA/ City as registered agent and at the place designated agree to act in this cape	he registered agent are:  ORREA  ame  VW 72 AUE  address (P.O. Box NOT acceptab  FL 3312 2  V, State, and Zip  I to accept service of process for in this certificate, I hereby acceptable acity. I further agree to complete	or the above stated licept the appointment
Having been named of liability company of registered agent and to the statutes relating to the statutes relating to the statutes relating to the statutes.	rida street address of the EVT/MIC  No. 2900 /  Florida street  LORA/  City  as registered agent and at the place designated agree to act in this cape the proper and complete.	he registered agent are:  ORREA  ame  VW 72 AUE  address (P.O. Box NOT acceptab  FL 3312 2  y, State, and Zip  It to accept service of process for in this certificate, I hereby acceptable	or the above stated licept the appointment by with the provisions and I am familiar with
Having been named of liability company of registered agent and to the statutes relating to the statutes relating to the statutes relating to the statutes.	rida street address of the EUTIMAL  No. 2900 /  Florida street  LORA /  City  as registered agent and at the place designated agree to act in this cape the proper and completions of my position as a second complete complet	the registered agent are:  ORREA  ame  VIII 72 AUE  Address (P.O. Box NOT acceptable)  FL 33122  V, State, and Zip  I to accept service of process for in this certificate, I hereby acceptable actively further agree to compile performance of my duties, are	or the above stated licept the appointment by with the provisions and I am familiar with
Having been named of liability company of registered agent and to accept the obligat	rida street address of the EVT/MIC  No.  2700  Florida street  LORA  City  as registered agent and at the place designated agree to act in this cape the proper and complete ions of my position is so	the registered agent are:  ORREA  ame  VIII 72 AUE  Address (P.O. Box NOT acceptable)  FL 33122  V, State, and Zip  I to accept service of process for in this certificate, I hereby acceptable actively further agree to compile performance of my duties, are	or the above stated licept the appointment by with the provisions and I am familiar with
Having been named of liability company of registered agent and to accept the obligat	rida street address of the EUTIMIC  No. 2700 /  Florida street  LORA/  City  as registered agent and at the place designated agree to act in this cape the proper and complete the position of my position as the position of my position as the place of my p	the registered agent are:  ORREA  ame  VIII 72 AUE  Address (P.O. Box NOT acceptable)  FL 33122  V, State, and Zip  I to accept service of process for in this certificate, I hereby acceptable actively further agree to compile performance of my duties, are	or the above stated licept the appointment by with the provisions and I am familiar with
Having been named of liability company of registered agent and to accept the obligat	rida street address of the EUTIMIC  No. 2700 /  Florida street  LORA/  City  as registered agent and at the place designated agree to act in this cape the proper and complete the position of my position as the position of my position as the place of my p	the registered agent are:  ORLEA  ame  VW 72 ACE  the address (F.O. Box NOT acceptable)  FL 33122  y, State, and Zip  It to accept service of process for in this certificate, I hereby acceptable acity I further agree to complete performance of my duties, are registered agent as provided for	or the above stated licept the appointment y with the provisions and I am familiar with
Having been named of liability company of registered agent and to taccept the obligat	rida street address of the EUTIMIC  No.  2900  Florida street  LORA  City  as registered agent and at the place designated agree to act in this cape the proper and complete ions of my position as A  Registered Agent's Si	the registered agent are:  ORLEA  ame  VIII 72 AUE  address (P.O. Box NOT acceptable)  FL 33122  y, State, and Zip  It to accept service of process for in this certificate, I hereby acceptable acity I further agree to compile performance of my duties, are egistered agent as provided for ignature (REQUIRED)	or the above stated licept the appointment y with the provisions and I am familiar with
Having been named of liability company of registered agent and to accept the obligat	rida street address of the EUTIMIC  No.  2900  Florida street  LORA  City  as registered agent and at the place designated agree to act in this cape the proper and complete ions of my position as A  Registered Agent's Si	the registered agent are:  ORLEA  ame  VW 72 ACE  the address (F.O. Box NOT acceptable)  FL 33122  y, State, and Zip  It to accept service of process for in this certificate, I hereby acceptable acity I further agree to complete performance of my duties, are registered agent as provided for	or the above stated licept the appointment y with the provisions and I am familiar with

H12000123395

## H12000123395

Title: "MGR" = Manag "MGRM" = Mar			Name and Addres	·- <del>-</del>	
MGRM	MENIE MICHIO	OI.		CONE, 5 72 40 Fl 3312	^
	<del></del>		2900 NO	U 72 40	T TE
			MAKEL	F1. 3312.	2
MGRM			YELITZA	COLLE	4
			2900 NO	U 72 A	VE
			MIAHI. E	:1. <u>3312</u> .	2
	. <b></b>				
				<del></del>	
				<del></del>	
(Use attachment	if necessary)				
(Coe minimum					
	date, if other	than the date	of filing:	more then five	(OPTIONA)
CLE V: Effective	tour me name	mensine she	sense and estings be	ETTOLE CINETE TIME	: Dusmess day
CLE V: Effective effective date is lis 0 days after the d					
effective date is lis					
effective date is lis	ate of filing.)	_	.89		
effective date is lis I) days after the d	ate of filing.)	_	11807		<b>1</b> 5
effective date is lis O days after the d	ate of filing.)		11.07		12 M SECR TALLI
effective date is lis O days after the d	ate of filing.)  GNATURE:	N 80	au sathorized represen	ntative of a memb	12 HAY - SECRETA TALLAHA
effective date is list of days after the description of the descriptio	GNATURE:  Signature of sordance with se	a member or oction 608.4086	an authorized representation and authorized representation (1)	execution of this	document d
effective date is list of days after the days after	GNATURE:  Signature of a cordance with secures an affirmatives an affirmative ware that any factors.	a member or oction 608,408(ion under the passe information		execution of this of the facts stated he and to the Departm	document d