

LL2000067931

(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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B. KOHR

MAY 21 2012

EXAMINER



500235226545

05/18/12--01007--001 **125.00

RECEIVED
DEPARTMENT OF STATE
12 MAY 18 AM 9:38

RECEIVED
DEPARTMENT OF STATE
12 MAY 18 PM 1:00

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 05/17/12

REF. #: 000150.166719

CORP. NAME: CF FINANCIAL SERVICES I, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 544469 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CF FINANCIAL SERVICES I, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is CF FINANCIAL SERVICES I, LLC (the "Company").

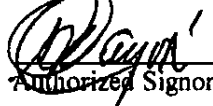
ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3839 West 16th Avenue Hialeah, Florida 33012.

ARTICLE III - Registered Agent and Office

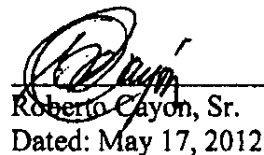
The street address of the Corporation's initial registered office is 3839 West 16th Avenue, Hialeah, Florida 33012 and the name of its initial registered agent at such office is Roberto Cayon, Sr.

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. Dated this 17th day of May, 2012.


Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.


Roberto Cayon, Sr.
Dated: May 17, 2012

FILED
12 MAY 18 PM 1:00
CLERK OF COUNTY OF DADE
STATE OF FLORIDA