No

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 12000000019

Phone : (305) 552-5973

Fax Number

Email Address:

: (305)220-1440

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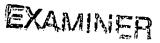
FLORIDA	LIMITER	D LIAR)	TITY CO	

## 1 SOURCE FINANCIAL SERVICES LLC Certificate of Status Certified Copy 0 03 Page Count Estimated Charge \$130.00

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ARTICLE I - Name:

## H12000141891 ...

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company is:		
(M	1 Source finance ust end with the words "Limited Liability Company, "L.L.C."	sial Services	LL
ARTICLE II - Ac The mailing addre	ldress: ss and street address of the principal office of th	ne Limited Liability Company i	is:
Principal Office	Address: Mailing Addres	3 <u>8:</u>	
cutter f	0710tbcl. 18804 cry, F1-33157 Cutter	SW 76th ct.	
(The Limited Liability C	Registered Agent, Registered Office, & Registered Agent. You must deactive Florida registration.)	tered Agent's Signature: lesignate an individual or another	
The name and the	Florida street address of the registered agent ar		XII.
	Miguel Rodrigus	7. HAY 30	
	18804 SW TWEET C.F. Florida street address (P.O. Box NOT	acceptable)	
	Cutter Bay FL 3315 City, State and Zip	57. 22	
liability comp	ned as registered agent and to accept service of p any at the place designated in this certificate, I he and agree to act in this capacity. I further agree t	ereby accept the appointment as	
statutes relating	to the proper and complete performance of my diagnosis of my position agree istered agent as pro	luties, and I am familiar with an	
	Registered Agent's Signature (REQUIRED)		

(CONTINUED) Page 1 of 2

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## H12000141891

ARTICLE IV- Manager(s) or Managing Member(s):

"MGRM" = Managing Me	Miguel A. Rodriques
	18884 SW 76th CAN Cutter Pay F1. 33157
٤	
(Use attachment if necessar	ary)
	her than the date of filing: (OPTION). late must be specific and cannot be more than five business da

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

Page 2 of 2

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee