	Electronic Filing Cover Sheet
Note: Pleas	se print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H12000155651 3)))
Note: DO N	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : LAZARUS CORPORATE FILING SERVICE, JNC.
ann	Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**
Emai	il Address:
	FLORIDA LIMITED LIABILITY CO. YES CREDIT SOLUTIONS LLC
RECEIVED BUNILAN 6: 19 SKETARY OF STATE AHASSEE, FLORIDA	Certificate of Status 1 Certified Copy 0 Page Count 03 Estimated Charge \$130.00
RE C RE C 12 JUN 1 SECRETAN SECRETAN	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YES REDIT SOLUTIONS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") CREDIT

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

815 CREMONA		AVENUE				
CO RAL	GAULA	FL	3	3	ì	16

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:

LANDA Name ANA CREMONA AVENUE Florida street address (P.O. Box <u>NOT</u> acceptable) CORAL GABLES FL 33146 Gty, 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/ Signature (REQUIRED) (CONTINUED) Page 1 of 2 H12000155651

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Name and Address:

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>

"MGR" = Manager "MGRM" = Managing Member

MGRM

ANA LANDA 815 CREMONO AVE CORAL GABLES A 33146

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a memory or 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 penaltics of perjury that the facts stated herein are true.)

Ana LANDA.

Typed or printed name of signee

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Filing Fees:

3

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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