Note: Please 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.

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|       | Division of Cor |                                     | 0,2        |
|       | Fax Number      | : (850)617-6383                     | 河泉 宝       |
| From: |                 |                                     | 그의 구       |
|       | Account Name    | : LAZARUS CORPORATE FILING SERVICE, | INC. SET S |
|       | Account Number  |                                     | EM .       |
|       | Phone           | : (305)552-5973                     | 7          |
|       | Fax Number      | : (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.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. ACREDITED FINANCIAL SOLUTIONS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

JUL 1 5 2012 EXAMINER

## ARTICLE II - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designance an individual or another business entity with an active Florids registration.)

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

ESTHER HERNANDEZ Name

Florida crisest address (P.O. Box NOT accentable

Miami FL 33185

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

## H12000182008

| <u>itle:</u><br>MGR" = Manager<br>MGRM" = Managi   | Name and Address:   |       |
|--|---|-------|
| MGRM   | ESTHER HERNANDE<br>15482 SW 39 ST<br>MIAMI FR 33185                                     | 2     |
| MGRM   | MIGUEL CARDOZO 15482 SW 39 ST: Miami FL 33185   |       |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2