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.

(((H13000008962 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, INC.

Account Number : 120000000019 Fax Number

: (30\$)552-5973

: (30\$)220-1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO. EMPIRE CAPITAL FUNDING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 4 201**3** 

T CLINE

	·	
ARTICLES OF ORGANIZATION FO	0 0 0 0 8 9 8 2 R FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Empire CADIT	AL FUNDING, LLC	
ARTICLE II - Address:	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	•
10200 NW 25 ST.		
A 100	Same LEGGE JAN	****
DORAL FL 33172		-
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another.	
The name and the Florida street address of		
JESUS.		
	Name	
10200 NW	25 ST. A-100	
Florida s	reet address (P.O. Box NOT acceptable)	
DORAL	FL 33172	
City	State, and Zip	
liability company at the 1 lace designare registered agent and agree to act in this contact statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all alete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S  s Signsture (REQUIRED)	
· (CC	NTINUED)	
	age 1 of 2	

H 1 3 0 0 0 0 0 8 9 6 2

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

The name and address of each Manager or Managing Member is as follows:

The finance and dead obs or order manage	
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	JESUS S. CASTANON 10200 NW 25 ST. A-100
	DORAL FL 33172
MGR	LINDA CASTANON 10200 NW Z5 ST. A-100
	DORAL FL 33172
	AN I
	SET TO
	T S T S T S T S T S T S T S T S T S T S
(Use attachment if necessary)	<b>電流 w</b>
LEV: Effective date, if other than the	e date of filing: (OPTIONAL)
ffective date is listed, the date must l ) days after the date of filing.)	e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Side and the side of the side	er or an authorized representative of a member.
[ /	
of this document come that the facts stated	ection 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury herein are true.)
JE51	
7	yped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Org	anization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H13000008962