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Division of Corporations

CLARA GIRALDO

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

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FLORIDA LIMITED LIABILITY CO.
JINSA AUTO FINANCE SERVICES, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

JINSA AUTO FINANCE SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

JINSA AUTO FINANCE SERVICES, LLC.

ARTICLE II - ADDRESS

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

**10773 NW 58 ST APT # 140
DORAL, FL 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

MAURICIO FALLA

10773 NW 58 ST APT # 140

Florida street address (P.O.BOX NOT acceptable)

**DORAL, FL. 33178
City, State, and Zip**

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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DIVISION OF CORPORATIONS
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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MAURICIO FALLA
10773 NW 58 ST APT # 140
DORAL, FL. 33178

MANAGER

CAROLINA FALLA
10773 NW 58 ST APT # 140
DORAL, FL. 33178

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member 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 penalties of perjury that the facts stated herein are true.)

MAURICIO FALLA

Typed or printed name of signer

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