Division of Corporations Electronic Filing Cover Sheet

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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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZAROS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone

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. JADE FINANCIAL SERVICES, LLC

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

Electronic Filing Menu Corporate Filing Menu

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K. SALY EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JADE FINANCIAL SE			
(M	fust end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street addres	s of the principal office of the Limited Lia	bility Company is:
Principal Office	Address:	Mailing Address:	
2406 SW 137TH AVE	NUE	2406 SW 137TH AVENUE	
MIAMI, FL 33175		MIAMI, FL 33175	
A DOMEST TO ANY			
(The Limited Liability (Company cannot serve as it	Registered Office, & Registered Agent's to own Registered Agent. You must designate an individ	Signature:
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registrarion	ts own Registered Agent. You must designate an individ	usl or another
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registrarion	ts own Registered Agent. You must designate an individ	us) or another
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registration Florida Street addre	ts own Registered Agent. You must designate an individ	usl or another
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registration Florida Street addre	ts own Registered Agent. You must designate an individual.)	usl or another
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registration Florida street addre JOSE CONDE 2408 SW 137TH AVE	ts own Registered Agent. You must designate an individual.)	usl or another
(The Limited Liability C business entity with an	Company cannot serve as it active Florida registration Florida street addre JOSE CONDE 2408 SW 137TH AVE	ts own Registered Agent. You must designate an individ a.) ass of the registered agent are: Name NUE	usl or another

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)

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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	Name and Address:
"MGRM" = Managing Member	
MGR	JOSE CONDE
	2406 SW 137TH AVENUE
	MIAMI, FL 33175
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
an effective date is listed, the date mu	st be specific and cannot be more than five business days
or to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
1	lan angle
Signature of a mount	per or an authorized representative of a member.
(In accordance with section 60	08.408(3), Florida Statutes, the execution of this document

(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 I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOSE CONDE

Typed or printed name of signee

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)

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