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(((H130001840623)))



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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

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> FLORIDA LIMITED LIABILITY CO. LPI FINANCIAL SERVICES, LLC

Certificate of Status	. 1
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A. LUMIT

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H13000184052

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
LPI Financial Services LLC (Must end with the words "Limited Liability Company, "LLC," or "LLC.")		
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
· · · · · · · · · · · · · · · · · · ·		
Principal Office Address: Mailing Address:		
3801 NW 97th Avenue 3801 NW 97th Avenue 5 wite # 400		
Suite 400 Suite # 400		
DOIG FL 33/78 DOIGH FL 38/78		
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:		
Raul V. Leyva		
Name		
Florida street address (P.O. Box NOT acceptable) Miumi FL 33194		
Florida street address (P.O. Box NOT acceptable)		
Muni 33194		
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		
(17) Leave		

Registered Agent's Signatury (REQUIRED)

(CONTINUED)
Page 1 of 2

H13000184062

H130001654002 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	Name and Address:
MERM	LPI d Associates Inc 3801 NW 972 Ave #44W Durch PL 33178
MGLM	Allrance Enterprises Inc. 9060 SW 69th Textrese & Mronri PL 33173-13
MGR	Laul Leyra 55 55 13344 5W1 64 Terroce 5 F
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing:, (OPTIONAL) st be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	·
, Kau	1 A Lemon
	unber or an authorized representative of a member.
of this document of	th section 608.408(3), Plorida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
Rau	
Fling Fees:	• • • • • • • • • • • • • • • • • • •
\$125.00 Filing Fee for Articles of 6	Oreanization and Designation

of Registered Agent
\$ 38,00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)

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