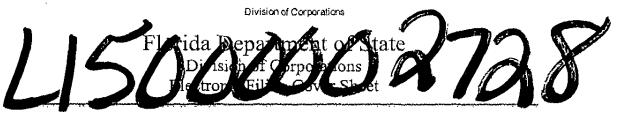
1/6/2015



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FLORIDA LIMITED LIABILITY CO.

BELIEVE FINANCIAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company and Effective day is:

BELIEVE FINANCIAL, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviations "LLC," or "L.C.,")

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 5400 S. UNIVERSITY DRIVE SUITE 508 DAVIE, FL 33328 Mailing Address
5400 S. UNIVERSITY DRIVE SUITE 508
DAVIE, FL 33328

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:

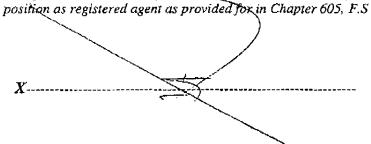
R&P ACCOUNTING & TAXES, INC

Nam

200 SE IST STREET, SUITE #604 Florida Street address (P.O. Box NOT acceptable)

MIAMI, F.L. 33131
FL 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



-6 PH III

Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

PRO FINANCIAL GROUP CORP 5400 S. UNIVERSITY DRIVE SUITE#508 DAVIE, FL 33328

AUTHORIZED MEMBER

MARIA N. ROSARIO 5400 S. UNIVERSITY DRIVE SUITE#508 DAVIE, FL 33328

MANAGER MEMBER

ALIX ORTEGA 5400 S. UNIVERSITY DRIVE SUITE#508 DAVIE, FL 33328

MANAGER MEMBER

SEGRETARY OF STATE

ARTICLE V

Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED: SIGNATURE

Signature of a member or an authorized representative of a member.

(In accordance with section 605,0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are trie.)

ALIX ORTEGA

Typed or printed name of signes.