

L15000096817

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.

((H15000132859 3)))



H150001328593ABC1

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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.
OBLIGATION SOLUTION, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

95530

15 JUN -3 AM 11:52

RECEIVED
15 JUN -3 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 04 2015

Electronic Filing Menu

Corporate Filing Menu

T. SCOTT

Help

JUN 04 2015

T. SCOTT

H15000/32859

**ARTICLES OF ORGANIZATION
OF
OBLIGATION SOLUTION, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

OBLIGATION SOLUTION, LLC.

ARTICLE II - ADDRESS

The mailing address is 2050 Coral Way, Suite 400, Miami, FL 33145 and the street address of the principal office of the Limited Liability Company is: 2050 Coral Way, Suite 400, Miami, FL 33145.

ARTICLE III - REGISTERED AGENT

(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 street address of the initial registered agent are:

Giorgio L. Ramirez, Esq.
7300 N. Kendall Drive, Suite 520
Miami, FL 33156

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 605, F.S.


Registered Agent's Signature

ARTICLE IV - AUTHORIZED MEMBER(S) OR MANAGER(S)

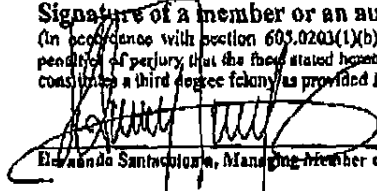
The name and address of each person authorized to manage and control the Limited Liability Company are:

AMBR Town Brickell Group, LLC.
2050 Coral Way, Suite 400
Miami, FL 33145

15 JUN -3 AM 11:53

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

(In accordance with section 605.020(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.)


Ricardo Santiblanco, Managing Member of Town Brickell Group, LLC.