1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone

: (813)435-3176

Fax Number

: (713)429-1276

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.

AAAA Financial Services, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000157009 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NICK SPRADLIN

ARTICLE I - Name:					
The name of the Limited Liability Company	ās:				
AAAA Financial Services, LLC				_	
(Must end with the won	ds "Limited Liability Cor	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Li	mited Liability Company is:			
Principal Office Ad	idress:	Mailing Addres	ž:		
1618 Fiddlewood CT		1618 Fiddlewood CT		_	
Casselberry, Florida 32707		Casselberry, Florida 32707		_	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	e as its own Registered A	l Agent's Signature: gent. You must designate an indiv	ridual or	16 周期 2	es ander
The name and the Florida street address of th	ne registered agent are:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ဆိ	, 27,372m;
The Law	Offices of Nick Spradlin	, PLLC	10 (10)	<u> </u>	j y
	Name		52. 1.52.	;; ,	- marena
2202 N. S	Swet Shore Blvd. Ste 200		VOLVO	<u></u>	Transit
Florida st	preet address (P.O. Box N	OT acceptable)		ب.	
Tampa	Florida	33607			
	City State	Zip			
Having been named as registered agent and to i	accept service of process	for the above stated limited liabilit	v <i>compan</i> v a	at the	

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

8133336358 p. 4 Jun 28 2016 1:36PM ARTICLE IV-NICK SPRADLIN The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Enrick Bellosi 1618 Fiddlewood CT Casselberry, Florida 32707 1 7 190 -14 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third negree felony as provided for in s.817.155, F.S.

Nickolas J. Spradlin Authorized Rep. of a member 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)

Page 2 of 2