

# L1600165325

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

**\*\*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.  
FINANCIAL SOLUTIONS CONSULTANTS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

16 SEP -7 AM 9:04

FLORIDA

16 SEP -7 PM 6:48

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**FINANCIAL SOLUTIONS CONSULTANTS, L.L.C.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**FINANCIAL SOLUTIONS CONSULTANTS, L.L.C.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**1000 PONCE DE LEON SUITE # 332  
CORAL GABLES, FL 33134**

The mailing address shall be:

**1000 PONCE DE LEON SUITE # 332  
CORAL GABLES, FL 33134**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**MICHELE BATISTA**

**6 NW 107 ST**

Florida Street address ( P.O.BOX NOT acceptable)

**MIAMI SHORS, FL 33168**

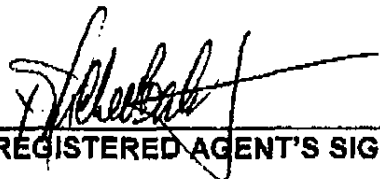
City, State, and Zip

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SECTION 607.01 STATE  
FLORIDA

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MICHELE BATISTA**  
6 NW 107 ST  
MIAMI SHORS, FL 33168

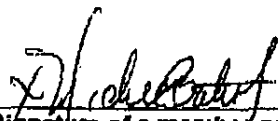
**MANAGER**

**IRDINA C. FLORES**  
6 NW 107 ST  
MIAMI SHORS, FL 33168

**MANAGER**

(An additional article must be added if an effective date is requested)

16 SEP - 7 PM 6:48  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 805.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MICHELE BATISTA**

Typed or printed name of signee

CLARA GIRALDO P.A.  
4080 SW 34 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300