

MAY/20/2019/MON 12:00 PM

5/20/2019

FAX No.

P. 001

L1900128542

Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
MCR FINANCIAL, LLC**

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

2019 MAY 20 PM 12:05

19 MAY 20 AM 10:28
MCR FINANCIAL, LLC

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MAY 21 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCR FINANCIAL, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:1080 BRICKELL AVEAPT: 2104MIAMI, FL 33131SAME

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:

MARIA CECILIA RONCERO

Name

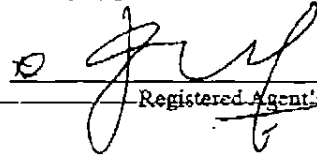
1080 BRICKELL AVE APT: 2104Florida street address (P.O. Box NOT acceptable)MIAMIFL33131

City

State

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

MAY 20 AM 10:28
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

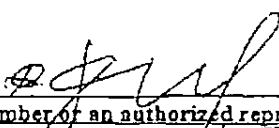
"MGR" = Manager

AMBR**Name and Address:**MARIA CECILIA RONCERO1080 BRICKELL AVE APT: 2104MIAMI, FL 33131MGRGERONIMO GONZALEZ1080 BRICKELL AVE APT: 2104MIAMI, FL 33131

(Use attachment if necessary)

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.)

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

Typed or printed name of signee

Filing Fees:\$123.00 Filing Fee for Articles of Organization and Designation of Registered Agent\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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