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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section

D	ivision of Corporations
SUBJECT	TITANS FINANCIAL SERVICES LLC
002,201	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matter to the following:
	RUBYLOU F. TAN
	Name of Person
	TITANS FINANCIAL SERVICES LLC
	Firm/Company
	1342 NW 204th Street
	Address
	Miami Gardens, FL 33169
	City/State and Zip Code rubylou_tan@yahoo.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation conserving this matter, please call: WWW Fine 786-351-8766 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	String Fee \$\ \text{Status} \ \ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Status & Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \ \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ (
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TITANS FINANCIAL SERVICES 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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1342 NW 204TH STREET MIAMI GARDENS FL 33169	1342 NW 204TH STREET MIAMI GARDE FL 33169
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent ar	s LLc/Leo F. Semacio (L17000
Chevere Solutions & Services	LLc/Leo F. Semacio (L17000
Name	
1329 NW 204th Street	ن ک
Florida street address (P.O. B	lox NOT acceptable)

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..

State

Miami Gardens

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 AUG -8 PH 12: 13

<u>Title:</u>		Name and Address:
"AMBR" = Autho		
"MGR" = Manag	jer	RUBYLOU R. TAN
		1342 NW 204th Street
		Miami Gardens, FL 33169
		- TACRE
		TARY OF STALE
		S (C)
		m m
(Use attachment i	•	
CLE V: Effective da effective date is liste ate of filing.)	ite, if other than the date o	of filing:
CLE V: Effective da effective date is listente of filing.) If the date inserted ocument's effective december of the content of the content ocument.	ite, if other than the date of the date must be spect in this block does not medate on the Department of isions, if any.	of filing:
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CLE V: Effective date of filing.) If the date inserted ocument's effective decrease of the provious of the pr	ite, if other than the date of the date must be specific in this block does not mediate on the Department of isions, if any. Signature of a ment of this document is executed am aware that any false is	effiling:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)