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## COVER LETTER

Division of Corporations	
SUBJECT: Eminence Credit Consultants LL Name of Limited Liability Company	-C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jerry Pierrelus Name of Person	
J Name of Person	
Firm/Company	
1311 NW 11674 St.	
1311 NW 1164h St. Address	
Miami, FL 33/67  City/State and Zip Code  Jerrypierrelus@gmail.com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
Jerrypierrelus(a) gmail.com	<del></del>
E-mail address: (to be used for influre annual report nonfication)	
For further information concerning this matter, please call:	
b Diemaker 205 873-4647	
Lerry Pierre lus at 305 873-4647  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status  Certificate Opy  (additional copy is	tus &
Mailing Address Street Address	
New Filing Section New Filing Section Division	
New Filing Section New Filing Section Division  The Centre of Tallahasses	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Eminence Credit Consultants, 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: P.O. BOX 180511 Tallahassee, FL 32318

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:

Jerry Pierrelus

HOI Miraflores Lane

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

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..

(CONTINUED)

SEORETARY OF STAT

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Throne Room Management, LLC 1311 NW 116+125.  Miami, FL 33167
<del></del>	SECRETARY OF TAILLANDS SECRETARY OF
	OF STATE
(Use attachment if necessary)	
he date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any	
Signature of This document is e I am aware that any	a member of an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
^	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)