

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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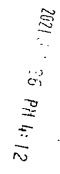
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	Fax Number : (850)617-6381	まだ	26
From:		Solution	-0
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.		×
	Account Number : I20000000019	ن ال	$\ddot{\sim}$
	Phone : (305)552-5973	[22]	
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Enter 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. MORTGAGE AF LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1	

The name of the Limited Liability Company is:	
ARTICLE II - Address:	-
maning address and change a	m
Company is: 9730 Sw 29 TH ST	
MFAMI, FL 33165	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite.! Liability with an active Florida registration.)	
Annia Victoria Fonseca	
9730 SW Z9th St	-
Miami F1 33165	_
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	-
ANNIA VICTORIA FONECA (AMBR)	

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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

Registered Agent's Signature (REQUIRED)