Division of Corporations Electronic Filing Cover Sheet

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To:		2021 AUG RENDET IALLE
	Division of Corporations	
	Fax Number : (850)617-6381	G-6 1
From:		90 00 10 10 10 10 10 10 10 10 10 10 10 10
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	en e
	Account Number : 120000000019	1:2 E.F.C
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	, ,
	er the email address for this business entity to be used for	

FLORIDA LIMITED LIABILITY CO. MARA PACHECO FINANCE LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

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other business entity with	an active Florida registration	n.)	gent's Signature: t. You must designate an individual or	2021 AUG
	an active Florida registration	n.)	gent's Signature: t. You must designate an individual or	707
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	2013		HIALRAH PL 33015	_
6649 NW	6649 NW 174TH TERR HIALEAH FL 33015		5649 NW 174TH TBRIS	
	Principal Office Address:		Maliing Addrey:	
	eet address of the principal	office of the Limi	ted Liability Company is:	
ARTICLE II - Address:				
(Munt	contain the words "Limited	Liability Compa	my, "L.L.C.," or "LLC.")	
	MARA PACHE	CO FINANCE L	ιc	
The name of the Limited Li	iability Company is:			•

ħ 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)

	uthorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MARA R hacures
	MARA R PACHECO 6649 NW 174TH TERR HIALEAH FL 33015
MGR	RAUL PACHECO 6649 NW 174TH TERR HIALEAH PL 33015
Marie Marie Anna and	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
the date of filling.) Note: If the date inserted in this block does not a	of filing: OPTIONAL) octile and cannot be more than five business days prior to ar 90 days after and 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:	clere
Signature of a me	mber or an authorized representative of a member.
I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	MARA R PACHECO
	Typed or printed name of signee
	Filing Foca:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)