

## Florida Department of State

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.

(((H22000246294 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail:	Address:			
CEIGIT	MUULESS:			

## FLORIDA LIMITED LIABILITY CO. **CASH AUTO WS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
, , ,	
CACHALITO NIGAL C	
CASH AUTO WS 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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
1250 E HALLANDALE BEACH BLVD	
STE 1002	SAME
HALLANDALE BEACH, FL 33009	
ARTICLE III - Registered Agent, Registered Office, & Regist	ered Agent's Signature
(The Limited Liability Company cannot serve as its own Register	
another business entity with an active Florida registration.)	24 rigeria. Tod must designate all maryldad of
another business entity with an active Profite registration.)	
The name and the Florida street address of the registered agent are	<b>e</b> :
YESENIA AVILA	

YESENIA AVILA
Name

1250 E HALLANDALE BEACH BLVD STE 1002
Florida street address (P.O. Box NQT acceptable)

HALLANDALE BEACH FL 33009
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)

22 JUL 22 PH 12: 35

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YESENIA AVII.A 1250 E HALLANDALÉ BEACH BLVD STE 1002 HALLANDALÉ BEACH, FL 33009
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Effective date, if other than the	be date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does current's effective date on the Department's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does current's effective date on the Departure of the CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the effective date is listed, the date must the of filing.)  If the date inserted in this block does comment's effective date on the Departure VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days after is not meet the applicable statutory filing requirements, this date will not be listed at timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)  If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.