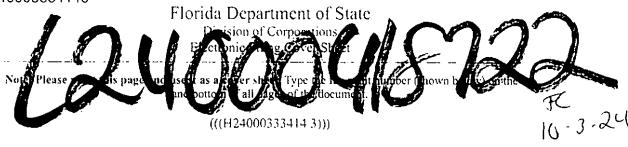
2/10/24, 12:31 p.m. H240003334143

Division of Corporations





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

10:

Division of Corporations

fax Number : (850)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : 120220000106

Phone : (407)318-0823 Fax Number : (561)467-5851

> **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. EBENEZER Financial Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

H240003334143

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	EBENEZER Financial Group LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Hugo Enrique, Nunez Bastidas
	Name of Person
	Firm/Company
	3767 W. Vine Street Apt 203
	Address
	Kissinmee Florida 34741
	City/State and Zip Code asesorhugonunez@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Hugo Enrique, Nunez Bastidas 407 5805949
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□\$125.0	00 Filing Fee Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Compared to the control of
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EBENEZER Financial Group 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 Limited Liability Company is:

Principal Office Address:	Mailing Address:
3367 W. Vine Street Apt 203	2580 Cypress Cove Apt 103
Kissimmee Florida 34741	Kissimmee Florida 34741

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 - to another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Hugo Enrique, Nunez Bastidas Name

2580 Cypress Cove Apt 103 Florida street address (P.O. Box NOT acceptable)

Kissimmee Florida City State

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.,

HVunez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

S. C. .

H240003334143

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Hugo Enrique, Nunez Bastidas	
	2580 Cypress Cove Apr 103	
	-Kissimmee Florida 34741	
MGR	Samuel Josue, Nunez Martinez	
	2580 Cypress Cove Apt 103	
	Kissimmee Florida 34741	
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(Use attachment if necessary)	·	0
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