

L19000220709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

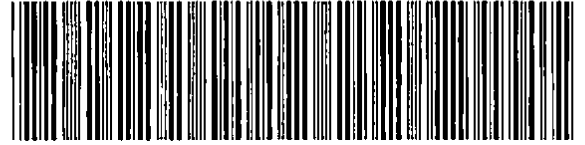
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

P KEM...

SEP 10 2019



300334223013

09/10/19--01001--010 **375.00

FILED
STATE
SEP 10 2019
FBI - ALBUQUERQUE

19 SEP - 9 PM 4: 23

FILED
19 SEP - 9 PM 1: 31

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVER FINCANCE LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File 123 _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: Seth

09/09/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

INVER FINANCE LLC

ARTICLE II – Address:

The mailing and street address of the principal office of the Limited Liability Company is:

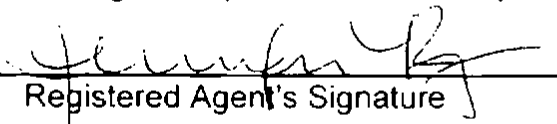
121 Alhambra Plaza
Suite 1209
Coral Gables, FL 33134

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ruz & Ruz PL
7355 SW 87th Avenue
Suite 200
Miami, FL 33173

Having been named as registered agent 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

[remainder of page intentionally left blank / continued on following page]

FILED
19 SEP -9 PM 1: 03
CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

ARTICLE IV – Managers

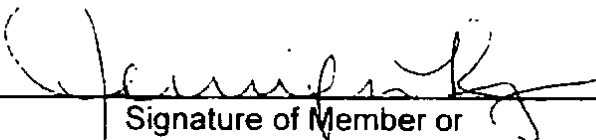
The name and address of each person authorized to manage and control the Limited Liability Company are:

Title:
MGR

Name and Address:
Richard Valdes
121 Alhambra Plaza
Suite 1209
Coral Gables, FL 33134

[remainder of page intentionally left blank / continued on following page]

REQUIRED SIGNATURE:



Signature of Member or
Authorized Representative of a Member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or Printed Name of Signee: Jennifer Ruz

[remainder of page intentionally left blank]

FILED
19 SEP -9 PM 1: 08
M
D
S
T
A
T
E
D
E
P
O
S
I
T
O
R
Y