Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1703 MOSAIC INVESTMENTS, LLC

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





ARTICLES OF ORGANIZATION OF

1703 MOSAIC INVESTMENTS, LLC A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

1703 MOSAIC INVESTMENTS, LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

848 BRICKELL DR. #2805 MIAML FL. 33131

848 BRICKELL DR. #2805 MIAMI. FL. 33131.

ARTICLE III- REGISTERED AGENT. REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent are:

JOSE BENITO LACRUZ JEREZ

848 BRICKELL DR #2805
FLORIDA STREET ADDRESS (F.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33131 CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE TROPER AND COMPLETE PERFOMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OPLICATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

REGISTERED AGENT SIGNATURE

BI 17: 18 EWDINE

P. 02/03

ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager MGRM= Managing Member

MGR= jose benito lacruz jerez MGR= virginy a lee cama rgo pineb a	848 BRICKELL DR. #2805 MIAMI, FL. 33131. 848 BRICKELL DR. #2805 MIAMI, FL. 33131.
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

MILLEGGY

REQUIRED SIGNATURE:

IGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE OLVISION OF CORFORATION

JOSE BENITO LACRUZ JEREZ
Typed or printed name of signed