

L10000056954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

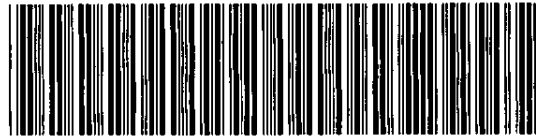
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR - 8 PM 3:53  
NOT NECESSARY  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 APR - 8 AM 11:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

APR 09 2015  
S. YOUNG



CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
www.ctcorporation.com

April 8, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9507400 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

PARUSIA INVESTMENTS LLC (FL)  
Misc - Domestic LLC Filing - Amended & Restated Filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

15 APR -8 14:11:48  
FILED

**PARUSIA INVESTMENTS LLC  
AMENDED AND RESTATED ARTICLES OF ORGANIZATION**

Article I.

The name of this Florida Limited Liability Company is: Parusia Investments LLC

Article II.

The mailing address and the street address of the initial principal office of the limited liability company is:

17555 ATLANTIC BLVD.  
#702  
SUNNY ISLES BEACH, FL 33160

Article III.

The name and address of the registered agent of the Limited Liability Company is:

David Pi Pietro Law, P.A. Legacy Bank Building  
12 Southeast 7th Street  
Suite 606  
Fort Lauderdale FL 33301

*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.*

Registered Agent Signature:

Name: David Di Pietro

Signature: 


FILED  
APR -8 AM 11:43  
CLERK OF DISTRICT COURT  
SUNNY ISLES BEACH, FL 33160

Article IV.

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

Title: MGR  
David Di Pietro  
12 Southeast 7th Street  
Suite 606  
Fort Lauderdale FL 33301

I am the member or authorized representative submitting these Amended And Restated Articles of Organization and affirm that the facts stated herein are true. I am aware that 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.

By: 

Santiago Garces Jaramillo

FILED  
15 APR -8 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA