

C12000089975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

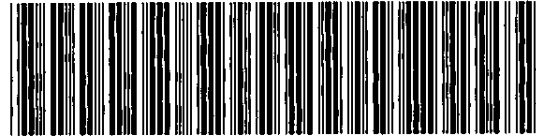
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000237177210

07/10/12--01005--024 **125.00

RECEIVED

12 JUL 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2012 JUL 10 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 11 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/10/12

REF. #: 000150.169381

CORP. NAME: ARVI INVESTMENT GROUP, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100057 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2012 JUL 10 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION

OF

ARVI INVESTMENT GROUP, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is ARVI INVESTMENT GROUP, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133.

ARTICLE III - Registered Agent and Office

The street address of the Corporation's initial registered office is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133 and the name of its initial registered agent at such office is Pedro Villar.

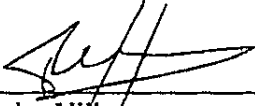
In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 19th day of June, 2012.



Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.



Pedro Villar

Dated: June 19, 2012

2012 JUN 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED