

JUL/02/2015/THU 11:52 AM

FAX No.

P. 001/003

7/2/2015

Division of Corporations

L1500012204

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000162714 3)))



H150001827143ABC.

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

RECEIVED

15 JUL -2 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -2 AM 7:48

FILED

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.
COLON INVESTMENT GROUP SRV, LLC

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

JUL 6 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

15 JUL -2 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLON INVESTMENT GROUP SRV, LLC

(Must end with 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:

1000 PONCE DE LEON BLVD
STE: 105
CORAL GABLES, FL 33134

Mailing Address:

1000 PONCE DE LEON BLVD
STE: 105
CORAL GABLES, FL 33134

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 another business entity with an active Florida registration.)

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

EXPRESS CORPORATE FILING SERVICE, INC.

Name

1000 PONCE DE LEON BLVD STE: 105

Florida street address (P.O. Box **NOT** acceptable)

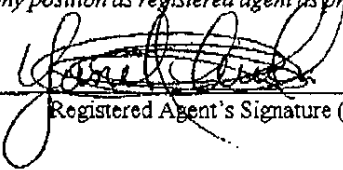
CORAL GABLES FL 33134

City

State

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

OTTO FERNANDO DE LEON BURGOS

1000 PONCE DE LEON BLVD STE. 105

CORAL GABLES, FL 33134

(Use attachment if necessary)

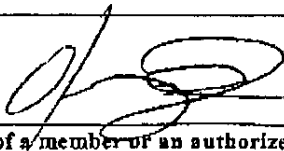
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an 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.

OTTO FERNANDO DE LEON BURGOS

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2015/07/02 11:21:49 1 /7

The logo for Akerman, consisting of the word "Akerman" in white text on a black rectangular background.

Debbie Thacker

Paralegal

Akerman

401 East Jackson Street, Suite 1700

Tampa FL 33602-5803

Tel: 813-209-5083

Fax: 813-218-5435

E-mail: debbie.thacker@akerman.com

Fax

Sent: 7/2/15 at 11:21:49 AM

To: LLC Fax: 18506176381

Subject Loudontray, LLC

7 page(s) (including cover)

2015/07/02 11:21:49 2 /7

Please file attached.

Debbie L. Thacker
Paralegal
Akerman LLP | 401 E. Jackson Street | Suite 1700 | Tampa, FL 33602-5250
Dir: 813.209.5083 | Main: 813.223.7333 | Fax: 813.223.2837
debbie.thacker@akerman.com



Akerman LLP (lawyer): 29 fovec6uys fskvhsq.688.

CONFIDENTIALITY NOTE: The information contained in this transmission may be privileged and confidential, and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please immediately reply to the sender that you have received this communication in error and then delete it. Thank you.