Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

370638

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.

(((H110002892003)))



H110002892003ABCX

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	Phone : (305)634-36	94			
	Fax Number : (305)633-96	96	SFFECT	IVE DATE	
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https://efile.sunbiz.org/scripts/efilcovr.exe

12/9/2011

COVER LETTER

H11000789700

TO: Registration Section Division of Corporations		
SUBJECT: 3210 Investment, LLC		
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are su	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Max M. Hagen		
	Name of Person	
Hagen & Hagen, P.A.		
	Firm/Company	
3531 Griffin Rd.	<u>. </u>	
	Address .	
Ft. Lauderdale, FL 33312		
City/	y/State and Zip Code	
mhagen@hagenlawfirm.com		
	or future annual report notification)	
-For further information concerning this matter, please-	rcall:	
Max M. Hagen	at (954) 987-0515	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125,00 Filing Fee \$\times 130.00 Filing Fee \$\times Cortificate of Status	\$155,00 Filing Fee & \$160,00 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Strest/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, PL 32301

H 11000289200

(additional copy is anclosed)



December 12, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: 3210 INVESTMENT, LLC

REF: W11000061775

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working . days of the date of receipt.

Document was received on 12/9/11.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H11000289200 Letter Number: 111A00027597

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 3210 Investment, 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 Commany is Principal Office Address: Mailing Address: 3210 Investment, LLC 2020 N. Bayshore Dr. Unit 3210 Miami, FL 33129 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Max M. Hagen Name 3531 Griffin Rd Florida street address (P.O. Box NOT acceptable) FL 33312 City, State, and Zip Ft. Lauderdale Having been named as registered agent and to accept service of process for the above stated limited

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 608, F.S..

Registered Agent's Signiture (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Salomon Bendayan	
	2020 North Bayshore Dr. Unit 3210 Miami, FL 33129	
MGRM	Slivie Farias	
	2020 N. Bayshore Dr. Unit 3210	
	Mlami, Ft. 33129	
<u></u>		
(Use attachment if necessary) LE-V: Effective date; if other than	the date of filing: 12-9-11 (OPTIONAL)	
LE-V:-Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of a me aware that any false in	mber or an authorized representative of a member. 608.408(3) Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the afformation submitted in a document to the Department of Statutes of perjury as provided for in s.817.155, F.S.)	FILED
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