## 000005291 Imber Only

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Adrian. 9/6/01.

Humberto Deriz Esz.

Requestors Name Poncede Lem # 1045

Adorna Globes of 33/34.

City State ZIP Phone

444-8288A

STEP -7 MM 9:5 SECRETARY OF STATE AND AHASSEE, FLORI

CORPORATION(S) NAME

Acknowledgment

W.P. Verifier

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<u>A3</u>	Investmen	H5, LLC	•	01 (A)
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				1 p 1
( ) Profit ( ) NonProfit	( ) Amendment		( ) Merger	Toll Free:
( ) Foreign	( ) Dissolution		( ) Mark	
( ) Limited Partnership ( ) Reinstatement	( ) Annual Repo	ort	Other LLC Change of Registe	1-800-432-3028
( ) Certified Copy	( ) Photo Copie	\$	( ) Certificate Under	Seal 2
( ) Call When Ready (V) Walk in	( ) Call if Proble	em (L) Pick Up	( ) After 4:30 ( ) Mail (	028
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

EA Invēstmēnts, LLC

## ARTICLE II - Address:

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

80 S.W. 8 Street, Suite 2045

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

Miami, FL 33131

City, State, and 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 608, F.S.

Registered Agent's Signature

UI SEP = 7 AM 9: 55

## ARTICLE IV - Management (Check box if applicable.)

$\underline{X}$ The Limited Liability Company is to 1 therefore, a manager-managed company.	be n	nanaged	bу	one	or	more	managers	and is,	
1	(								

Signature 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.)

Leo Paiva

Typed or printed name of signee

SLUKLIARY DE STATE