Electronic Filing Cover Sheet

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Tos

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

N.A.N. INVESTMENTS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing

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\$6B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

N.A.N. INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal	Office	À d'dress:
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Mailing Address:

7801 5	. W .	24	Street	
SHITE				
MTAMT.	Fī.	33	1.55	

7801 S.W. 24 STREET SWITE #107 MIAMI . FL 33155

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

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

ANTHONY C. CHAO
Name
7801 S.W. 24 St. #107
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33155
City State and Zin

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 graper 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.

estered Agent's Signature

<u> </u>	Name and Address:
MGR" = Manager	_
MGRM" = Managing Member	
MGRM	ANTHONY C. CHAO
	7801 S.W. 24 St. #107
	MIAMI, FL 33135
MGR	IRAIDA F. CHAO
	5472 S.W. 162 PLACE
	MIAMI, FL 33185
•	
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Ise attachment if necessary)	_
OTE: An additional article-must b	e agicel if an effective date is requested.
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equired signature:	
EQUIRED SIGNATURE:	
EQUIRED SIGNATURE:	
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