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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
The name of the Limited Liability Company is:  (4) INVESTMENTS, (CC.)		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
5410 SW 87 AVE.		
MIAMI, FIL 33/65		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
ARTICLE III - Register tu Agent, Register tu Office, te Register tu Agent susquarat.		
The name and the Florida street address of the registered agent are:		
YAMIA KADORGE		
JAMILA LABORDE STATE.		
Florida street address (P.O. Box NOT acceptable)  FL 33/65		
City, State, and Zip		
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		
Registered Agent's Signature		
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.		
Yamila Laborde, manager 54105W, 87 Aus. Aljawi Fl 33165		
(An additional article must be added if an effective date is requested)		
(fall)		
Signature of a member of 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.)		
. Vamila Laborde		
Typed or printed name of signee		

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)