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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACCY INVESTMENTS LLC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Belkys NUNEZ (Name of Person)		
ALLY Investace It ?. (Firm/Company)		
2005 Coregory Drine		
TAMPA FL 33613 (City/State and Zip Code)		
For further information concerning this matter, please call:		
BOLKYS NUNEZ at (813) 596-7738		
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	DetKys NUNEZ
	TAMPA, FI 33617
MGRM	Antonio POARZ 4310 DUNMORE AVE. APTI
	TAUPA, FC 33611
	<u> </u>
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Melkys Nulvez
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)

SECRETARY OF SIATE SINVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
ACCY INVE	stments LLC
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2005 GROGORY DR	P.O. BOX 280347
TAMPA FC 3361=	3 <u>touPATC 33682-03</u>
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	ered Office, & Registered Agent's Signature: the registered agent are:
Bel-Kys 1	UNEZ/ANTONIOBACZ
	CGORY DEIVE s (P.O. Box NOT acceptable)
+AMPA City, St	FLORIDA 336/2, tate, and Zip
company at the place designated in this certificate, I agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am fan	t service of process for the above stated limited liability hereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper niliar with and accept the obligations of my position are in Chapter 608, Florida Statutes.
Registered Ag	S S S S S S S S S S S S S S S S S S S

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