

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ball
	Office Use Only	TIME



01/21/04--01102--011 **125.00



TRANSMITTAL LETTER

	egistration Section vision of Corporations		
SUBJECT	: ACG Investments, LLC (Name of Limited Liability Company)		+ X**
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Alejandro C.Trasobares		
	(Name of Person)	OL SEC	
		JAN	
	(Firm/Company) 3811 NW 2nd Avenue	21 PM ARY CIT SSEE, F	
	(Address)	5:	5
	Miami, FL 33127	28 810	
	(City/State and Zip Code)		
For further	information concerning this matter, please call:		
Ale	jandro C.Trasobares at (305) 576.2100		—
	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SEUME JARY OF STATE TALLAHASSEE, FLORIDA	O. AND DM 51 28
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AKTICLE	s I - Ivanie.	
The name	of the Limited	Liability Company

ACG Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3811 NW 2nd Avenue	Same
Miami, FL 33127	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Aleja	tbne		Trasoba Name	res	
3811	NW	2nd	Avenue		
Florid	la stre	et add	ress (P.O. E	ox <u>NOT</u> accepta	ble)
	Mia	ami,		FLORIDA	333
		City	, State, and		

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managin			
The name and address of each Manager of	or Managing Member is as follows:	$\vec{\Sigma}_{cc}$	
Title:	tle: Name and Address:		
"MGR" = Manager	-	AE	JAN 2
"MGRM" = Managing Member		AS	~ ~>
MGR	Alejandro C.Trasobares	SEE	
	3811 NW 2nd Avenue	7	_X
	Miami, FL 33127	<u></u>	<u>ئ</u>
MGRM	Carlos Nunez	ALL A	28
	14222 SW 177 St.		
	Miami.FL 33177		
MGRM	Gregory M.Wood		
	3811 NW 2nd Avenue	Y-	
	Miami, FL 33127		
• • • • •			
			<u> </u>
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is reques	sted.	
REQUIRED SIGNATURE:		÷	
flow			
Signature of a member or an au	ithorized representative of a member.		
(In accordance with section 608. of this document constitutes an a	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury		

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

Alejandro C.Trasobares

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee