

Division of Corporations

W4 000015686

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

CHRIS N ROOP BIG INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRIS N BOOP BIG INVESTMENT LLC

ARTICLE II - Address:

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

Physical Office Address:

CHRISTINE N. PETERS
168-14 127th Avenue
Jamaica, NY 1

Mailing Address:

168-14-127th Ave.
Jamaica, NY 11434

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

Ravi Roopnarine
Name
6300 Allison Rd Miami Beach
Florida street address (P.O. box NOT acceptable)
Florida 33141
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, Florida Statutes.

[Signature]
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CHRISTINE N. PETERS
168-14-127 Ave
Jamaica, Queens N.Y. 11434

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

RAVI ROOPNARINE
Typed or printed name of signee

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