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## Florida Department of State

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

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# LIMITED LIABILITY COMPANY

investing partners, lic

Name		Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR INVESTING PARTNERS, LLC



#### ARTICLE I - NAME

The name of Limited Liability Company is:

INVESTING PARTNERS, LLC

## ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liabilities: 1020 N.W. 51st. Street, Fort Lauderdale, FL 33309

### ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be: Perpetual

#### ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Steven Hoffman, 1020 N.W. 51st Street, Fort Lauderdale, FL 33309

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: INVESTING PARTNERS, LLC
- 2. The name and address of the registered agent and office is:

  STUART C. HOFFMAN, P.A. 2600 N. Military Trail, Suite 290, Boca Raton, FL 33431;

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.

Resident Agent (signature)

Date

REQUIRED SIGNATURE:

Steven Hoffman, Mentber

(In accordance with Section 608.408(3), Plorida Stanutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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