Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001230243)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

RECEIVED PRIZ. 02 A JUN 10 PRIZ. 04 PRI

LIMITED LIABILITY COMPANY

MIJAS INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu.

Corporate Filing

Public Access Help.

DIVISION OF COMPORATION

1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Mijas Investme	ents, LLC	
ARTICLE II - Ad The mailing address		s principal office of the Limited Liabilit	y Company
Principal Office A	ddress:	Malling Address:	
14359 Mira	mar Parkway	Same	
Suite # 268	3		
Miramar, Fl	L 33027	· ·-	
	Miguel A. Na		ر 10
	Na		NUC 10
	Na 848 Brickell	me .	04 JUN 10
	Na 848 Brickell Florida smeet address (Miami	Avenue, Suite 830 P.O. Box <u>NOT</u> acceptable) FLORIDA	04 JUN 10 Rm to
	Nama S48 Brickell Florida street address (Miami City, State	Avenue, Suite 830 P.O. Box <u>NOT</u> acceptable) FLORIDA s, and Zip	877 G
wy at the place design	Nam 848 Brickell Florida sweet address (Miami City. State of the second second second second to accept second in this certificate, I he	Avenue, Suite 830 P.O. Box NOT acceptable) FLORIDA e, and Zip pervice of process for the above stated limitation accept the appointment as registere	ited liability a agent and
vry at the place design pact in this capacity. Implete performance o	Name 848 Brickell Florida street address (Miami City, Stat tered opens and to accept s asted in this certificate, I ha I further agree to comply we I my duties, band I san famil	Avenue, Suite 830 P.O. Box NOT acceptable) FLORIDA e, and Zip service of process for the above stated limited accept the appointment as registere with the provisions of all statutes relating life withfund accept the obligations of my	rited liability d agent and to the prope
vry at the place design pact in this capacity. Implete performance o	Name 848 Brickell Florida street address (Miami City, Stat tered opens and to accept s asted in this certificate, I ha I further agree to comply we I my duties, band I san famil	Avenue, Suite 830 P.O. Box NOT acceptable) FLORIDA e, and Zip service of process for the above stated limited accept the appointment as registere with the provisions of all statutes relating	rited liability d agent and to the prope
vry at the place design pact in this capacity. Implete performance o	Name 848 Brickell Florida street address (Miami City, Stat tered opens and to accept s asted in this certificate, I ha I further agree to comply we I my duties, band I san famil	Avenue, Suite 830 P.O. Box NOT acceptable) FLORIDA e, and Zip service of process for the above stated limited accept the appointment as registere with the provisions of all statutes relating life withfund accept the obligations of my	rited liability d agent and to the prope

HO4000123024 3

ARTICLE IV- Manager(s) or Mana The name and address of each Manage				
Title: "MCR" = Manager "MCRM" = Managing Member	Name and Address:			
MGR	Salvatora Cavalieri			
	14359 Miramar Parkway, Suite 268			
	Miramar. FL 33027			
MGR	Katty R. Cavalieri			
	14359 Miramar Parkway, Suite 268			
	Miramar, FL 33027			
MGR	Stephen McGill			
	14359 Miramar Parkway, Suite 268			
	Miramar, FL 33027			
·				
· · · · · · · · · · · · · · · · · · ·				
(Use attachment if necessary)				
	,			
NOTE: An additional article thust b	e added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signaface of a member of an authorized representative of a member.				
(In adportance with section 60)	8.408(3), Florida Statutes, the execution			
of unadocument constitutes an that firefacts stated herein are a	affirmation under the penalties of perfury			

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)

Page 2 of 2

O COLETA ULI MILLI 70