

L040000046653

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/22  
JWS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TURN KEY PROPERTY 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.

KARIN VICKERS  
(Name of Person)

TURN KEY PROPERTY INVESTMENTS LLC  
(Firm/Company)

20 ISLAND AVENUE, SUITE 807  
(Address)

MIAMI BEACH, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

KARIN VICKERS at ( 305 ) 970-0667  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

NOTE: The enclosed \$155 filing fee is for the following:  
\$100 Articles of Organization  
25 Designation of Registered Agent  
30 Certified Copy  
\$ 155.00

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TURN KEY PROPERTY INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

20 ISLAND AVENUE, SUITE 807

MIAMI BEACH, FL 33139

**Mailing Address:**

20 ISLAND AVENUE, SUITE 807

MIAMI BEACH, FL 33139

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

KARIN VICKERS

Name

20 ISLAND AVENUE, SUITE 807

Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH

FLORIDA 33139

City, State, and Zip

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*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

**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

MGRM

ENRIQUE CUBILLOS

18341 NE 20 PLACE

NORTH MIAMI, FL 33179

MGRM

KARIN VICKERS

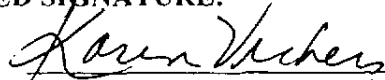
20 ISLAND AVENUE, SUITE 807

MIAMI BEACH, FL 33139

(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.)

KARIN VICKERS

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**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)