

**W04000048698**  
Florida Department of State  
Division of Corporations  
Public Access System

### Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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04 JUN 29 PM 4:11  
DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

**loherca investments, l.l.c.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**W04-48698**  
*[Signature]*

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(3)

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Loherca Investments, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

8053 NW 155 Street

Miami Lakes, Fl. 33016

**Mailing Address:**

P.O. Box 22763

Hialeah, Fl. 33002

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

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

Arturo Carvajal

Name

8053 NW 155 Street

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

Miami Lakes, FLORIDA 33016

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.*

  
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:

MGRM

Arquimides J. Lozada

P.O. Box 22763

Hialeah, Fl. 33002

MGRM

Arturo Carvajal

P.O. Box 22763

Hialeah, Fl. 33012

MGRM

Ernesto Hernandez

P.O. Box 22763

Hialeah, Fl. 33002

(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.)

Arturo Carvajal

Typed or printed name of signee

**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)

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