pts/efficovr.exe **LIVISION OF COMPORATIONS**

Florida Department of State Division of Corporations

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MJH

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

CHYANNE REAL ESTATE INVESTMENTS, LLC

Certificate of Status	G
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Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company is:	
CHYA	INNE REAL ESTATE IN	IVESTMENTS, LLC
ARTICLE II - Addı		
he mailing address	and street address of the prin	cipal office of the Limited Lizbility Company
rincipal Office Add	dress:	Mailing Address:
134 SW 169 A	AVE	134 SW 169 AVE
	IES, FL 33027	PEMBROKE PINES, FL 3302
	NES, FL 33027	PEMBROKE PINES, FL 330
	IES, FL 33027	PEMBROKE PINES, FL 330:
	HES, FL 33027	PEMBROKE PINES, FL 330:
PEMBROKE PIN	istered Agent, Registered (Office, & Registered Agent's Signature:
PEMBROKE PIN		Office, & Registered Agent's Signature:
PEMBROKE PIN	istered Agent, Registered Corida street address of the reg	gistered agent are:
PEMBROKE PIN	istered Agent, Registered (Office, & Registered Agent's Signature: gistered agent are:
PEMBROKE PIN	istered Agent, Registered C orida street address of the reg JEANNETTE FLORES	Office, & Registered Agent's Signature: gistered agent are:

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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Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM JEANETTE FLORES 134 SW 169 AVE PEMBROKE PINES, FL 33027 (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 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Segnne He Flores
Typed or printed name of signee

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

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