D4000070763

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	······································
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		Ĭ
		1
		}

Office Use Only



200041017452

00/29/04--01018--012 **155.00

2004 SEP 29 PM 12: 10

2004 SEP 29 PM 12: 10

201 SEP 29 AM 10: 24

201 SEP 29 AM 10: 24

201 SEP 29 AM 10: 24

J. BRYAN SEP 2 9 2004

EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994

Phone #

Olive Service On Servi

OFFICE USE ONLY

14 G	Investm	ients,	LLC
((Corporation Name)		(Document #)
(0	Corporation Name)		(Document #)
(0	Corporation Name)		(Document #)
(C	orporation Name)		(Document #)
☐ Walk in	Pick up time		Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILNGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION		
Foreign		
Limited Partnership		
Reinstatement		
Trademark		
Other		

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		ORGANIZATION OR	20.
		JABILITY COMPANY	Sex A
ARTICLE I - Nar	no*	'A	ر وی از این
= ::	imited Liability Company is:		The same of the sa
V V G INVESTMENT	TS, LLC		And Section of the Se
ARTICLE II - Ad	ldross:		000
		incipal office of the Limited Liability Co	ompany is:
Principal Office A	Address:	Mailing Address:	
6320 SW 108 PLAC	E	6320 SW 108 PLACE	
MIAMI, FL 33173		MIAMI, FL 33173	
ARTICLE III - R		Office, & Registered Agent's Signatu	re:
ARTICLE III - R	egistered Agent, Registered Florida street address of the r	Office, & Registered Agent's Signatu	re:
ARTICLE III - R		Office, & Registered Agent's Signatu egistered agent are:	re:
ARTICLE III - R	Florida street address of the r	Office, & Registered Agent's Signatu egistered agent are:	re:
ARTICLE III - R	Florida street address of the r	Office, & Registered Agent's Signatu egistered agent are:	re:
ARTICLE III - R	Florida street address of the r VALERIANO \ Name	Office, & Registered Agent's Signatu egistered agent are: /ALON PLACE	re:
ARTICLE III - R	VALERIANO \ VALERIANO \ Name 6320 SW 108 Florida street address (P.C	Office, & Registered Agent's Signatu egistered agent are: ALON PLACE D. Box NOT acceptable) FLORIDA 33173	re:
ARTICLE III - R	VALERIANO \ VALERIANO \ Name 6320 SW 108 Florida street address (P.C.	Office, & Registered Agent's Signatu egistered agent are: ALON PLACE D. Box NOT acceptable) FLORIDA 33173	re:
ARTICLE III - ReThe name and the latest the	VALERIANO \ VALERIANO \ Name 6320 SW 108 Florida street address (P.C. MIAMI City, State, a	Office, & Registered Agent's Signature egistered agent are: ALON PLACE D. Box NOT acceptable) FLORIDA 33173 and Zip vice of process for the above stated limited	l liability
ARTICLE III - R. The name and the l been named as reging at the place design	VALERIANO \ VALERIANO \ Name 6320 SW 108 Florida street address (P.C. MIAMI City, State, a stered agent and to accept ser mated in this certificate, I here	PLACE D. Box NOT acceptable) FLORIDA 33173 and Zip vice of process for the above stated limited by accept the appointment as registered agent.	d liability gent and
ARTICLE III - R The name and the l been named as reging at the place designact in this capacity.	VALERIANO \ VALERIANO \ Name 6320 SW 108 Florida street address (P.C. MIAMI City, State, a stered agent and to accept servated in this certificate, I here I further agree to comply with	Office, & Registered Agent's Signature egistered agent are: ALON PLACE D. Box NOT acceptable) FLORIDA 33173 and Zip vice of process for the above stated limited	d liability gent and he proper

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

The name and address of each Man <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	ager or Managing Member is as follows: Name and Address:	All State Company
MGRM	VALERIANO VALON 6320 SW 108 PLACE MIAMI, FL 33173	- TONGOS
(Use attachment if necessary)		-
NOTE: An additional article mu	st be added if an effective date is requested.	
REQUIRED SIGNATURE:	leb'	
(In accordance with section	an authorized representative of a member. 1,608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury are true.	

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)

Typed or printed name of signee