104000080031

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
,	·	•
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900041486169

11.701704--01053--024 **125.00

CANASSE FLORDA

104-80031

TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MIRANDA INVESTMENT		
	(Name of Limited	I Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	FARIN G. BOYLE		
	1)	lame of Person)	
		Firm/Company)	
	19250 SW 30 STREET		
_		(Address)	
MIRAMAR, FLORIDA 33029			
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
FARIN G BOYL	E	at (954) 257-076	3
(Name	of Person)	at (954) 257-076 (Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		SKEVI Formal
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	SSS Fee, SSS Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	EET ADDRESS:	MAILING A	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
MIRANDA INVESTMENTS, LLC				
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
19250 SW 30 STREET	19250 SW 30 STREET			
MIRAMAR, FLORIDA 33029	MIRAMAR, FLORIDA 33029			
FARIN G BOYLE Name 19250 SW 30 STREE				
	dress (P.O. Box <u>NOT</u> acceptable)			
MIRAMAR,	FI 33029			
City, State,				
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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 MGR FARIN G. BOYLE

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

FARIN G. BOYUE
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)