

L 04000080041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

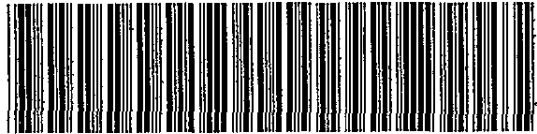
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2004 NOV -2 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 4 2004

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

October 29, 2004

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2004 NOV -2 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: LATINVEST, LLC
(Articles of Organization)

Enclosed is an original and one (1) copy of the articles of Organization and a check for: \$ 130.00
Filing Fee, Registered Agent Fee, and Certificate of Status.

From: Jose N Correa
J.C. Accounting & Tax Services
2900 Glades Circle Suite 525
Weston, FL 33327

(954) 217-1207
Daytime Telephone number
Fax (954) 217-1206

Thank You
Jose N. Correa

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LATINVEST, LLC

ARTICLE II - Address:

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

Principal Office Address:

2500 WESTON RD. STE. 105

WESTON, FL 33331

Mailing Address:

2500 WESTON R. STE. 105

WESTON, FL 33331

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

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

JOSE N CORREA

Name

2500 GLADES CIR. STE. 525

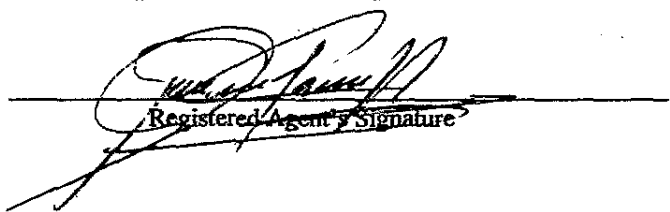
Florida street address (P.O. Box **NOT** acceptable)

WESTON

FLORIDA 33327

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

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:

MGR

EDUARDO BRACHO

7234 N.W. 113TH CT.

DORAL, FL 33178

MGRM

EDUARDO FERNANDEZ

7234 N.W. 113TH CT.

DORAL, FL 33178

(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.)

EDUARDO BRACHO

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)