1-04000080085

(Red	questor's Name)	
(Add	dress)	
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(Add	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: 3 B's Invest	ment, LLC	
	(Name of Limite	ed Liability Company)	
	closed Articles of Organization and fee(s) are streturn all correspondence concerning this matt	_	
	ANYRA BODD	DEN	
		(Name of Person)	
		(Firm/Company)	
	17400 NE 13 Avenue	(Address)	
		(Address)	
	North Miami Beach,	Florida 33162	
	(Cit	y/State and Zip Code)	
For fu	rther information concerning this matter, pleas	e call:	
	Anyra Bodden	at (305) 949-2	424
	(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclo	sed is a check for the following amount:		d24 elephone Number)
☐ \$12	5.00 Filing Fee 35 \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & — Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	Section orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

rincipal office of the Limited Liability Company is
Mailing Address:
17400 NE 13 Avenue
North Miami Beach Florida 33162
registered agent are:
dress (P.O. Box NOT acceptable)
FL 33162 and Zip
accept service of process for the above stated limited this certificate, I hereby accept the appointment as ? y. 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:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Me	ember		
MGRM	TRACY BODDEN		
	17400 NE 13 Avenue		
	North Miami Beach, F1. 33162		
MGRM	ANYRA BODDEN		
	17400 NE 13 Avenue		
	North Miami Beach, F1. 33162		
(Use attachment if necessar	ary)		
NOTE: An additional at	rticle must be added if an effective date is requested.		
	ŕ		
REQUIRED SIGNATUI	RE:		
	My DOM		
Signature	e of a member or an authorized representative of a member.		
of this do	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury a facts stated herein are true.)		۲-,
	ANYRA BODDEN	₽	1
	Typed or printed name of signee	5	
Filing Fees:		1	
I MALE I COS		N	<:
\$125.00 Filing Fee for Art	ticles of Organization and Designation	77.3	
of Registered Ag		ۇ سى ھۇنىم	.**
\$ 30.00 Certified Copy (C	Optional)	નું 33	
\$ 5.00 Certificate of Sta	tus (Optional)	ည	.



ISRAEL ABRAMS TERRY ABRAMS BERGER*

EMAIL: BERGERESO@AOL.COM

HAROLD R. COHEN OF COUNSEL

* MEMBER: NATIONAL ACADEMY OF ELDER LAW ATTORNEYS

DADE: 1550 N.E. MIAMI GARDENS DRIVE SUITE 507 NORTH MIAMI BEACH, FL 33179

PHONE (305) 949-2424 FAX (305) 949-2530

BROWARD;

150 North University Drive Suite 200 PLANTATION, FL 33324 PHONE: (954) 921-4489

WWW.ABRAMSBERGER.COM

October 27, 2004

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Via Certified Mail #7003 1010 0001 4820 8085

Dear Sir/Madam:

Enclosed please find the necessary documents to form a Florida Limited Liability Corporation:

- 1. Transmittal Letter;
- Articles of Organization for Florida Limited Liability Company;
 and
- 3. Our check #1310, in the amount of \$130.00 (Filing Fee and Certificate of Status).

Thank you for your attention to this matter. Should you have any questions, please feel free to call me daytime number (305) 949-2424 or evening number (305) 949-2530.

Very truly yours

ANYRA BODDEN