# L05000018a1a

(Re	questor's	Name)	. * 1.17	<del></del>
(Ad	dress)			
(Ad	dress)	<u></u>		
(Cit	y/State/Zi	in/Phone	:#\	
(O.	.,, Out 6, E	p	,	
PICK-UP	□ w	/AIT	MAIL	
(Bu	siness Er	ntîty Nam	ne)	
(Do	cument N	lumber)		
Certified Copies	_ Ce	rtificates	of Status	
Special Instructions to	Filing Offi	cer:		
	•			
Name	•			
Avadability				
Searmant	200			$\Box$
Examiner	DCC Office	Use Onl	v	
Updater	೧೧೧		,	
Updatef VenNot	170			
Acknowledgement	1337			
W. P. Verifyer	ئناط			



800046351188

02/17/05--01039--018 \*\*125.00

SECRETARY OF STATE A

### TRANSMITTAL LETTER

	THEE TOTALL	THE REITER		
TO: Registration Section Division of Corporation			- 	
SUBJECT: SUCES	Sto / Begi (Name of Limited	ning Investigation I Liability Company)	tments LLC	
The enclosed Articles of Or	ganization and fee(s) are su	abmitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
$-\hat{\mathcal{K}}$	osario J.	Iame of Person)		
	(F	Firm/Company)		
	1 S.E	18th TE/	-	
		F/ 3303 State and Zip Code)	5	
For further information cond	perning this matter, please of	eall:		
Rosa, io - (Name of	erson)	at (305) 969 (Area Code & Daytime Te	- 1153 elephone Number)	
Enclosed is a check for th	•		ZNOS SEC	-19
S \$125.00 Filing Fee C	ertificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	To annual trade
STREET Registratio	ADDRESS:	MAILING A		*104*
Division o	f Corporations	Registration Solvision of Co	Transfer and the second	
409 E. Gai Tallahasse	ines Street e, Florida 32399	P.O. Box 6327 Tallahassee, F		

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## Sucessful Begining Investments LLe **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: ROSArio TUliao Name 1831 S.E 1847 TEC Florida street address (P.O. Box NOT acceptable) Honges Teach FL 33035 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 T 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, F.S.

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manage "MGRM" = Mana	
MORW - Mana	ging Member
Mgs.	KOSArio Tuliao 1831 S.E. 1849 Tel: 110 mestead , +1 37035
Mgr	Alexander TUI:00 1831 3.6 18th TEC. Homestead, Fl 33035
(Use attachment i	f necessary)
NOTE: An addi	tional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
	1) OSALLUD & Sould
	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.)
	Masaria E. Tuliao 500 500 500 500 500 500 500 500 500 50
	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)