-	LO	5	0000	2	6	8	43	

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP		MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

300047922943

03/17/05--01032--004 **125.00

05 MAR 17 PH 12: 2705 MAR 17 11 10: 28 LORETARY OF STATE SEE ED RECIEIVED ADIA

Office Use Only

CORPORATE ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 ĮNC. ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 P.O. Box 37066 (32315-7066) PICK UP CERTIFIED COPY CUS 16 ILING і жното сору (CORPORATE NAME & DOCUMENT #) **)**. (CORPORATE NAME & DOCUMENT #)) (CORPORATE NAME & DOCUMENT #) . ,), (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) :PECIAL INSTRUCTIONS "When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

Articles of Organization

Article 1

Levinvestor, LLC

The name of the Limited Liability Company is: Levinvestor, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 5230 Oak Lane, Coral Gables, Florida 33155

The mailing address of the principal office of the Limited Liability Company is: 5230 Oak Lane, Coral Gables, Florida 33156

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL PURPOSES

Article IV

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

CORPORATE ACCESS, INC. 236 E 6TH AVE. TALLAHASSEE, FL 32303

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:

DANNY BENNETT, PRES.

Signature of member or authorized representative of member:

Voell Navid



FPOM :