## W5000028861

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Essamon Trainson)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
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## TRANSMITTAL LETTER

TO: Registration Se			LAHASSEE, PLORIDA
			SE P
SUBJECT: SANTA F	E INVESTMENTS, LLC		ma z
<u></u>	(Name of Limited	d Liability Company)	
			36 <b>6</b>
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	76
Please return all corresp	ondence concerning this matte	er to the following:	
r rease return an corresp	onderice concerning mis mane	to my fellowing.	
JACQUE	LINE ALBERNAS		
		Name of Person)	
SANTA FE INVESTI	MENTS LLC		
SARTATE INVEST		Firm/Company)	
517 PALME	TTO DRIVE	(Address)	<del></del>
		(Address)	
MIAM	1 SPRINGS, FL 33166		
<del></del>	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
A COLLECTIVE AT DEE		786 473-2784	
JACQUELINE ALBER	of Person)	at ( 786 ) 473-2784 (Area Code & Daytime To	elephone Number)
(1183110	or r vision,	(1.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	,,
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
	SSE
SANTA FE INVESTMENTS, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Com
Principal Office Address:	Mailing Address:
P.O. BOX 661169	517 PALMETTO DRIVE
MIAMI SPRINGS, FL 33166-1169	MIAMI SPRINGS, FL 33166
ARTICLE III - Registered Agent, Regi	of the registered agent are:
	of the registered agent are:
The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of	of the registered agent are:  AS  Name
The name and the Florida street address of JACQUELINE ALBERN 517 PALMETTO DRIVE	of the registered agent are:  AS  Name

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, F.S..

City, State, and Zip

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FIL
MGR	IRA ALWEISS	
	P.O. BOX 661169	ž (
	MIAMI SPRINGS, FL 33266-1169	<u></u>
MGR	JACQUELINE ALBERNAS	6
	517 PALMETTO DRIVE	<u>-</u>
	MIAMI SPRINGS, FL 33166	

(Use attachment if necessary)

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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.)

JACQUELINE ALBERNAS

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)