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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333

Fax Number

: (954)389-1397

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# LIMITED LIABILITY COMPANY

## Raamses Investments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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J. BRYAN APR 2 8 2005

# STATE OF STA ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Reamses Investments, LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

19336 S.W. 5th Street

Pembroke Pines, FL 33029

19336 S.W. 5th Street Pembroke Pines, FL 33029

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

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

Paul Salver, PA

Name

2721 Executive Perk Dr., Suite 3

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

Weston, FL 33331

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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	naging Member(s):  nger or Managing Member is as follows:  Name and Address:
MOKA: - Madaging Member	
MGRM	Moises Matos
	19336 S.W. 5th Street
	Pembroke Pines, FL 33029
MGR	Lourdes Matos
	19338 S.W. 5th Street
	Pembroke Pines, FL 33029
(Use attachment if necessary)	
,	A-1-33.320- 00.00- 1-1
	t be added if an effective date is requested.
REQUIRED SIGNATURE	per or an authorized representative of a member.
of this document continue that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.

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)