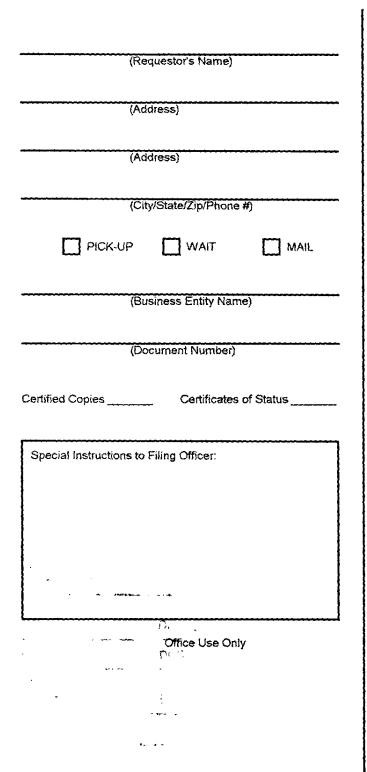
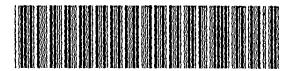
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SECRETARY OF STATE

FILED

TRANSMITTAL LETTER

	ation Section n of Corporations								
SUBJECT:	SUBJECT: 3 C's DEVELOPMENT GROUP, LLC (Name of Limited Liability Company)								
The enclosed Ar	ticles of Organization and fee(s) are so	ubmitted for filing.							
Please return all	correspondence concerning this matte	r to the following:							
_	RAMON	REYES Name of Person)							
	(t	value of Ferson)							
		Firm/Company)							
	5035 P.	ALM AVE (Address)							
	итат ар	H, FL 33012							
		(State and Zip Code)							
For further info	mation concerning this matter, please	call:							
RA	MON REYES (Name of Person)	at (305) 822-06 (Area Code & Daytime Te							
		(Area Code & Daytime Te	Zs a						
Enclosed is a c	heck for the following amount:	C 0166 00 Elling For 9.	LAME	П					
123.00 Filli	ng Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate (15) atusi & Certificate (15) atusi & Certified (15) (additional copy Renclessed)	LEC					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	ection 💆 🛱						
	Tallahassee, Florida 32399	Tallahassee, Florida 32314							

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::					
3 C's DEVELOR	PMENT_GROUP,	_LLC				
ARTICLE II - Address: The mailing address and street address of the p	orincipal office	of the	: Limited	Liability	y Company	is:
Principal Office Address:	Mailing Ad	ldress	<u>::</u>			
6326 SW 14 ST	6326	SW	14th	ST		
MIAMI, FL 33144	MIAMI,	FL :	33144			
The name and the Florida street address of the MARIA C. COLOM Name 6326 SW 14	[A					
	idress (P.O. Box I	NOT a	cceptable)			
MIAMI, City, State,	FL 331	<u> </u>		س.		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service this certificate, ity. I further agerformance of itstered agent as	I here ree to my du s prov	eby accep comply v ties, and .	t the opposite the	oirliment as rovisions a ilianwith ar	all

(CONTINUED)

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	FERNANDO COLOMA	
	6326 SW 14 ST	
	MIAMI, FL 33144	
MGR	MARIA C. COLOMA	
	6326 SW 14th ST	
	MIAMI, FL 33144	
(Use attachment if necessary)		
NOTE	13.10 00 / 1.1	
NOTE: An additional article must be a	idded if an effective date is requested.	
REQUIRED SIGNATURE:		
(An		
Signature of a member or	an authorized representative of a member.	
(In accordance with section	608.408(3), Florida Statutes, the execution	
	an affirmation under the penalties of perjuster.	

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

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees:

FERNANDO COLOMA Typed or printed name of signee