

L 05000061927

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PICK-UP WAIT MAIL

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LA 06/22/05

2

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: blez Investment LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yaslyn Gonzalez
(Name of Person)

blez Investment LLC
(Firm/Company)

8480 SW 156 pl # 614
(Address)

Miami FL 33193
(City/State and Zip Code)

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REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Yaslyn Gonzalez at (786) 399-1036
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 7, 2005

L05000019938

GLEZ, LLC
3621 NW 4 STREET
MIAMI, FL 33125

SUBJECT: GLEZ LLC
Ref. Number: L05000019938

Debit Memo #: 54416-D

This is to inform you that your check #98 dated February 14, 2005 in the amount of \$140.00 and submitted for GLEZ LLC has been returned to us by your bank because of NONSUFFICIENT FUNDS.

We request that you remit a cashier's check or money order in amount of \$155.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 705A00023878

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TALLHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 9, 2005

GLEZ LLC
3621 NW 4 ST.
MIAMI, FL 33125

SUBJECT: GLEZ LLC
Ref. Number: L05000019938

Debit Memo #: 54416-D

Due to your failure to respond to our previous letter advising you of the attached returned check #98, the Articles of Organization for GLEZ LLC have been ~~cancelled and are considered not filed~~ as of May 9, 2005.

If you have any questions concerning the returned check, please call (850) 245-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 405A00039986

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 8, 2005

YASLYN GONZALEZ
3621 NW 4 ST.
MIAMI, FL 33125

SUBJECT: GLEZ LLC
Ref. Number: L05000019938

We are returning your money order for \$140.00. As noted in our letter of May 9, 2005, a copy of which is attached, this filing has been cancelled.

Enclosed is a new, blank LLC form. If you would like to form a new LLC, please complete this form and return it to us with payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 005A00040074

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

blez Investment LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8480 SW 156 pl #614
MIAMI, FL 33193

8480 SW 156 pl #614
MIAMI, FL 33193

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

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

Yaslyn Gonzalez
Name

8480 SW 156 pl #614
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33193
City, State, and Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Yaslyn Gonzalez
8480 SW 156pl # 614.
MIAMI FL 33193

MGRM

Marta del Castillo
8480 SW 156pl #614
MIAMI FL 33193

(Use attachment if necessary)

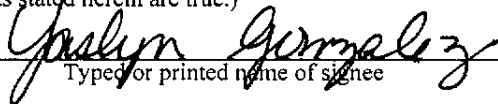
NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:



Signature of 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.)



Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)