L05000072297

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

Office Use Only



07/22/05--01032--005 **160.00





Sonstate Resea	rch.	
Address City/State/Zip Phone #	SYBY REGISTERS	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. Martinez T	nvestments, UC	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACCOUNTY OF THE PARTY OF THE PA

ARTICLE I - Name

The name of the Limited Liability Company is:

MARTINEZ INVESTMENTS, LLC

ARTICLE II - Address

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

6183 SW 164 Place Miami, FL 33193

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company shall be managed by one or more managers (who shall be designated "Manager(s)") and is, therefore, a manager-managed company.

ARTICLE V - Registered Agent and Office

The name and address of the initial registered agent of the Limited Liability Company is:

Yonixanded Martinez

6183 SW 164 Place

Miami, Florida 3319

Yonixanded Martinez, Authorized Representative

(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.)

REGISTERED AGENT ACCEPTANCE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY AT THE ADDRESS DESIGNATED IN THE ARTICLES OF ORGANIZATION PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED INDIVIDUAL HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS **N** DAY OF JULY, 2005

Yonixanded Martinez