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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: L&R INVESTORS, L.L.C.		
(Name of Limit	ed Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
ROBERT J. RUIZ		
	(Name of Person)	
L & R INVESTORS, L.L.C.	(F: 10)	
	(Firm/Company)	
SAOA DADIK BI VO		
8101 PARK BLVD	(Address)	
	(muiess)	
MIAMI, FL 33126		
(Cit	y/State and Zip Code)	
For further information concerning this matter, please	e call:	
ELENA TRAVIESO	at (305-) 552-7777	
(Name of Person)	(Arca Code & Daytime Telephone Number)	
	. ₌4	
Enclosed is a check for the following amount:	ALI	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	1. T 70
	<u> </u>	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations	21,1010 c. Colptiano.	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is:		
L & R INVESTORS, L.L.C.			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
8101 PARK BLVD, MIAMI, FL 33126	8101 PARK BLVD, MIAMI, FL 33126		
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:		
The name and the Florida street address of t	he registered agent are:		
ROBERT J. RUIZ			
Na	ame		
8101 PARK BLVD			
Florida stree	t address (P.O. Box NOT acceptable)		
MIAMI, FL 33126	FL.		
City, Sta	ate, and Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as the complete status of the proper and complete accept the obligations of my position as the complete status of the proper and complete accept the obligations of my position as the complete status of the place accept the obligations of the place designated accept the obligations of the place accept the place	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608; F.S		

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manage "MGRM" = Manage		Name and Address:		
MANAGER		ROBERT J. RUIZ		
WIANAGEN		8101 PARK BLVD	* -	
		MIAMI, FL 33126		*
MANAGER	– .	LISANDRO RODRIGUEZ 8101 PARK BLVD MIAMI, FL 33126		
	<u></u>			
(Use attachment i	••			
NOTE: An addi	tional article must be a	added if an effective date is reques	itea.	
REQUIRED SIG	NATURE:	302		
	Signature of a member or	an authorized representative of a memb	er.	
		608.408(3), Florida Statutes, the executions an affirmation under the penalties of perjustree.)		
	ROBERT J. RUIZ	·	145 185 185	
	Typed o	or printed name of signee		$\neg \eta$
Filing Fees:	,		AUG -9 RETARY AHASSE	in the second se
of Regis \$ 30.00 Certified	ee for Articles of Organiza stered Agent I Copy (Optional) ste of Status (Optional)	tion and Designation	P I DI	Ü