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TRANSMITTAL LETTER

TO:	Registration Se Division of Co			
SUBJE	CT: Investors	United Development, LLC		
		(Name of Limit	ed Liability Company)	
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.	•
Please r	return all corresp	ondence concerning this matt	er to the following:	
	Sara Jor	nes		
			(Name of Person)	
Low	Offices of S.C.	Iones DA		
Law	Offices of S.C.		(Firm/Company)	
			(* • op)	
	P.O. Box 26	econo.		
	P.O. BOX 20	00300	(Address)	
			(Address)	
	West	on, Florida 33326		
		(City	/State and Zip Code)	•
For furti	her information of	concerning this matter, please	call:	
Sara Jo	onse		at (954) 385-0800	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check fo	r the following amount:		
J \$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)
	STRE	ET ADDRESS:	MAILING A	DDRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
		Gaines Street assee, Florida 32399	P.O. Box 632 Tallahassee, F	
ranghassee, fiolida 32377		Tallahassee, Florida 32314		

Αŀ

RTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
NVESTORS UNITED DEVELOPMENT, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3330 Spanish Moss Terrace Suite 208	same
auderhill, FL 33319	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Law Offices of S.C. Jones, P.A.	
Name	
169 E. Flagler Street, Suite 142	28
	ress (P.O. Box <u>NOT</u> acceptable)
Miami, FL 33131 City, State, as	FL nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's	AHASSE
(CONTINU	PHIZ: 23 É FLORIDA DED)
Page 1 of 2	DA CE

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
	1: 1 0 1 !!
MGRM	Lincoln Campbell
	3330 Spanish Moss Terrace, #208
	Lauderhill, FL 33319
MGRM	Lee Fletcher
	9720 SW 213 Terrace
	Miami, Florida 33189
MGRM	Clyde Higgins
	11200 SW 128th Street
	Miami, Florida 33176

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a 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.)

Lincoln Campbell

Typed or printed name of signee

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)