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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: No.A.M. Investment Group, 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:				
Ana Maria Cabrera				
N.A.M. Investment Group, LLC				
14622 Rosewood Road.				
Miami Lakes, PL. 33014 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Ang Maria Cabrella at 35 902-5717 35 S				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$2 \$130.00 Filing Fee & \$3155.00 Filing Fee & \$3160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)				
STREET ADDRESS: MAILING ADDRESS;				

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

N.A.M. Investment Group, LLC

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

Principal Office Address:

The name of the Limited Liability Company is:

MILLIAMES, HE 304 MILLIAMES, HE.	<u>3</u> 20	丹	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa	nture:		
The name and the Florida street address of the registered agent are:  AND MARIO COBRERO  Name  14022 ROSEWOOD ROOD  Florida street address (P.O. Box NOT acceptable)  Miami Lakes, FL 33014  City, State, and Zip			
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appearegistered agent and agree to act in this capacity. I further agree to comply with the prestatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter	ointment ovisions lar with	as of all and	
Registered Agent's Signature	TALLAHASSEE, F	05 AUG 18 AM	
(CONTINUED)	S ATE	1 8: 00	Separate Se
Page 1 of 2	$\triangleright$	<u></u>	

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:	
MGRM	Ana Maria Cabrera	
MGRM	Miami Lakes, FL, 33014 Julio Cesar Perera 14622 Rosewood Road Miami Lakes, FL-33014	

(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.)

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)