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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT: C.	ALMX INV. GRP., LLC (Name of Limited	l Liability Company)		
The enclosed Articles of	of Organization and fee(s) are st	ibmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
	RICK RIVADENEYRA (1	Name of Person)		
	. (1	Firm/Company)		
	803 Laurelcrest Dri	ve	·	
		(Address)	,	
	Orlando, Florida 32	828		TAIS TAIS
	(City/	State and Zip Code)		SEP F
For further information	concerning this matter, please	call:		ILEU 22 PH RARYE
Rick Rivader	neyra e of Person)	at (407) 310-23 (Area Code & Daytime Te	30 Elephone Number)	OS SEP 22 PM 12: 41 SECRETARY OF STATE TALL AHASSEE, FLORID
Enclosed is a check i	or the following amount:			7
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	tus &
	EET ADDRESS: stration Section	MAILING A Registration S		

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

ARTICLE I - Nat The name of the L	me: imited Liability Compa	iny is:	
C	ALMX INV. GRP., LI	.c	
ARTICLE II - Ad The mailing addre		the principal office of the Limited Liabilit	ly Company is:
Principal Office A	Address:	Mailing Address:	
803 Laurelcres	st Drive	803 Laurelçrest Drive	
Orlando, Flor	ida 32828	Orlando, Florida 32828	
The name and the	Florida street address o	of the registered agent are: ERCADO Name	SEP 22 P
		ay reet address (P.O. Box <u>NOT</u> acceptable)	HIZ: 4-1
	Orlando City,	FL 32325 State, and Zip	
liability compo registered agent a statutes relating	my at the place designat and agree to act in this c to the proper and comp	and to accept service of process for the above ted in this certificate, I hereby accept the ap- apacity. I further agree to comply with the p lete performance of my duties, and I am fan as registered agent as provided for in Chapt	pointment as provisions of all niliar with and

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	803 Laurelcrest Drive Orlando, Florida 32828 Rick Rivadeneyra				
MGRM	Martin Duarte 5009 Marbella Isle Drive Orlando, Florida 32837				
MGRM	Angel Martinez 5148 Jetsail Drive Orlando, Florida 32812				
MGRM	Jay Mercado 330 Bushwick Avenue, Apt. 7C Brooklyn, New York 11206-2736				
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.					
Signature of a member or (In accordance with section of this document constitutes that the facts stated herein Rick	an authorized, representative of a member. 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury				

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)

ADDENDUM ARTICLE IV: Managers(s) or Managing Members(s):

Title Name and Address

MGRM Angelo Montesdeoca

99 Burns Avenue

Lodi, New Jersey 07644

MGRM William Vervoordt

933 Jade Forest Avenue Orlando, Florida 32828

MGRM Joseph Mercado

3067 Natoma Way

Orlando, Florida 32825

MGRM - Jose Cepeda

20201 Quinlan Street Orlando, Florida 32833

OS SEP 22 PM 12: 41
SECRETARY OF STATE