# L'05000114896

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 Phone #

City/State/Zip

PROPERTY OF THE PARTY OF THE PA

OFFICE USE ONLY

CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
. 2400 INVO	ESTMENT LLC (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
	p timeCertified Copy
Mail out Will wa	ait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
X Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION

Foreign

Other

Limited Partnership

Reinstatement Trademark

Fictitious Name

Name Reservation

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

#### 2400 INVESTMENT LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

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

OMPANY S

Principal Office Address:	Mailing Address:	
7030 NW 37 CT	7030 NW 37 CT	
MIAMI FL 33147	MIAMI FL 33147	
		_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LUIS R PILOTO	
	Name
7030 NW 37 CT	·
Florida st	reet address (P.O. Box NOT acceptable)
MIAMI	FL 33147
City,	State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

MGRM		LUIS R PILOTO 7030 NW 37 CT
		MIAMI FL 33147
(Use attachment	if necessary)	
LE V: Effective	date, if other than t	the date of filing: (OPTIONAt be specific and cannot be more than five business day
days after the d		t be specific and cannot be more than five business day
	GNATURE:	

(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.)

LUIS R PILOTO

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)