## L0.6000002488

(Re	questor's Name)
(Add	dress)
(Add	dress)
(0)	Object FT (D)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	) K

Office Use Only



000062311610

01/09/06--01008--022 \*\*155.00

2006 JAN -9 PH 12: 280
SECRETARY OF STATE

DIVISION OF CONFIDENCED

SECRETARY OF STATE TALL AHASSEE, FLORIUM

45 :SIK9 6- HAL 3005

LIFD

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
1. 5 4 5 INVESTM. (Corporation Name)	UMENT NUMBER(S), (if known):  ENTS 2, 2, C.  (Document #)
2. (Corporation Name)	Office Use Only  UMENT NUMBER(S), (if known):  ENTS 2. 2. 2. 3  (Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	2.06 Certified Copy
Mail out Will wait	Photocopy
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director & Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\$ 5 INVESTMENTS L.L.C.

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address	and street address of	the principal office	of the Limited Lia	bility Company	is:
175	FOUNTAIN AMI	e bleau	Blud	5017-8	2G
MI	AMI	FIA	3317	2_	
ARTICLE III - Re	gistered Agent, Regis	tered Office, & Re	gistered Agent's	Signature:	
The name and the F	lorida street address of	the registered agen	ıt are:		
				1	
	<u> </u>	Name Forcettains	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•				Blud Su	uta 26
•		address (P.O. Box NO FL	『acceptable』 33172		
4		City, State, and Zip			
Having been named	l as registered agent and	d to accept service of	f process for the abo	ove stated limitea	<i>i</i>
liability company at	the place designated in	this certificate, I he	reby accept the app	ointment as regis	
	act in this capacity. I fi				
	er and complete perform				e
oviigations of my po	sition as registered age	ent as provided for in	Chapter 608; F.S.		
•	•	511			
/		egistered Agent's Sign	at/u/e	_	•
	gement (Check box		<i>v</i> /		_
The Limited L	iability Company is to	be managed by on	e manager or more	e managers and i	is,
	er - managed compan			4 0	6-4
S	ENGIO B	ANDERA	(HANDS)	125 - 1462	"
			۰ ۵		
O	An additional article m	oust he added if an-	fertive date is rec	quested)	77
			Buris .	三三二	Transcer !
	Signature of a men	nber or an authorize	representative of a		TILED
	(In accordance with	section 608.408(3), Florenstitutes an affirmation	orida Statutes, the exe	member PR Coution F S	0
	of this document co		under the penalties	OL DOLLOW A	
	SERG!		ERA	29 ZIUG JAN -9 RESECRETARY REBELAHASSEE	, , ,
	T	yped or printed name of		- CORF	
,				AS.	77
	6 400 00 TW	FILING FEES:		33. 69	=
		ee for Articles of Organization of Registered Agent	gtion	77 7	m
	\$ 30.00 Certifie	d Copy (OPTIONAL)	( )	PH 12: , F STATE F LORIE	
	o ou ceruno	ate of Status (OPTIONAL	L)	29 TE	
,		40		<del></del>	