2006 JAN | 17 A 7: 03 SECRETARY OF STATALLAHA GEE, FLO (Requestor's Name) (Address) 800063499248 (Address) (City/State/Zip/Phone #) 111/17/06 - 01046--014 **125.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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TO:

Registration Section Division of Corporations

2006 JAN 17 A 7:03

SUBJECT: NCR CONDO INVESTMENTS, LLC

(Name of Limited Liability Company)

SECRETABL OF STATE
TALLAHASSEE, FLORIDA

	(Name of Emilies	Liability Company)	TANASEE, FLORID
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
CARMEN	MIGUES		-
· · · · · · · · · · · · · · · · · · ·	0	Name of Person)	
NCR CON	IDO INVESTME	NTS, LLC	
· -	(Firm/Company)	
1621 NW	143RD TERRA	CE	
		(Address)	
PEMBRO	OKE PINES, FL	. 33028	
-	(City	/State and Zip Code)	
For further information of	concerning this matter, please	call:	
CARMEN MIG	UFS	at (954) 554-16	328
	of Person)	(Area Code & Daytime	
Enclosed is a check fo	r the following amount:		
\$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)
	Mailing Address	Street/Courier Addre	535

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY

ΑĐ	TICI	E	Υ	N	W-0+

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOD	CONDO	INVEST	JENTO	LIC
NUR	CACHAIACA	INAROLI	/IEIV I 5.	LLL

(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:

Principal Office Address:

Mailing Address:

1621 NW 143RD TERRACE

PEMBROKE PINES, FL. 33028

1621 NW 143RD TERRACE

PEMBROKE PINES, FL. 33028

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:

CARMEN MIGUES

Name

1621 NW 143RD TERRACE

Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES

FL 33028

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:

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			2 B. France Common 🖅
	Title:	Name and Address:	
	"MGR" = Manager		2006 JAN 17 A 7: C
	"MGRM" = Managing Member		2000 0111 1 7-1 1 0
		•	SECRETARY OF STATE TALLAHASSEE, FLORE
	MGRM	CARMEN MIGUES	<u> </u>
-		1621 NW 143RD TERRACE	
- 127		PEMBROKE PINES, FL. 33028	- *
	MGRM	NAYIBE CARRASCO	
		1621 NW 143RD TERRACE	<u> </u>
		PEMBROKE PINES, FL. 33028	
	MGRM	RUTH CARRASCO	
· · ·		1621 NW 143RD TERRACE	
		PEMBROKE PINES, FL. 33028	
-			<u>"</u>
			
	(Use attachment if necessary)		
A TOTT	CV E W. ECcation data if athershowsh	e date of filing: 12/16/2005	(OPTIONAL)
		be specific and cannot be more than five	
•	90 days after the date of filing.)	be specific and cannot be more than not	business days prior
10 01 2	of the date of iming.		
	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.)

CARMEN MIGUES

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)