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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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GSR A Requestor's Name (20 65) Address UMMI City	countino	Street 3015	#B-10

W.P. Varifier

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CORPORATION(S) NAME				
Family	Investors, LLC			
() Profit () NonProfit	() Amendment	() Merger		
() Foreign	() Dissolution	() Mark		
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Change of Registered Agent		
CALL	() Photo Copies	() Certificate Under Seal		
() Call When Ready	() Call if Problem) Will Wait	() After 4:30		
Name				
Aveliability Document				
Examiner				
Updater	-			
Verifier				
Acknowledgment				

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: FAMICY NVESTORS 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:					
GLORIA S. Ruiz (Name of Person)					
65R ACCTG. SERVICE					
(Firm/Company)					
6065 NW 167 ST. #B10					
(Address)					
MiAMI, FL					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person) at (305) 557-1588 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
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Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY INVESTORS, 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:				
Principal Office Address: Mailing Address:				
18131 NW 82 AVE. 18131 NW 62 AVE. MIAMI, FL 33015				
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:				
EDGARDO I. ALVAREZ, JR.				
18131 NW 82 AUF.				
Florida street address (P.O. Box NOT acceptable)				
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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	EDGARDO I. ALWAREZ, JR 18131 NW 82 AVE. MIAMI, FL 33015
MGRH	FLORA ALWAREZ 5625 W. 28 AVE. HIALEAH, FL 33016
Marm	ELIZANDRA GONZALEZ 5625 WIZE AVE HINLEAH, FL 33016
(Use attachment if necessary) ARTICLE V: Effective date, if other than the constant of the co	ne date of filing: 3/20/06 . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with of this document cor that the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)

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

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

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)