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Division of Corporations

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Florida Department of State

Division of Corporations

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

WEST SIDE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

WEST SIDE INVESTMENTS, 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:234 EAST 17TH STREETHIALEAH, FL 33010**Mailing Address:**234 EAST 17TH STREETHIALEAH, FL 33010**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:

RAUDEL RIVERA

Name

234 EAST 17TH STREETFlorida street address (P.O. Box **NOT** acceptable)HIALEAHFL 33010

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)

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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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Title:

"MGR" = Manager


"MGRM" = Managing Member

Name and Address:SECRETARY OF STATE
TALLAHASSEE, FLORIDAMGRMANDRENIER MOREJON234 EAST 17TH STREETHIALEAH, FL 33010MGRMRAUDEL RIVERA234 EAST 17TH STREETHIALEAH, FL 33010

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

RAUDEL RIVERA_____
Typed or printed name of signer**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)