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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

luisanz investments llc

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[Handwritten signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION DIVISION

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**ARTICLES OF ORGANIZATION
OF
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-NAME

The name of the Limited Liability Company is:

LUISANZ INVESTMENTS LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

18181 NE 31 CT SUITE 1802
AVENTURA FL 33160

MAILING ADDRESS:

18181 NE 31 CT SUITE 1802
AVENTURA FL 33160

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

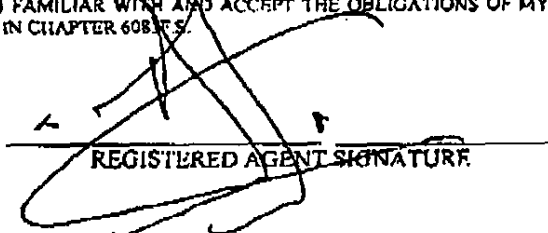
The name and the Florida street address of the registered agent are:

LUIS J CARIOLA
(NAME)

18181 NE 31 CT SUITE 1802
FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

AVENTURA FL 33160
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-MANAGEMENT/MEMBERS:

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

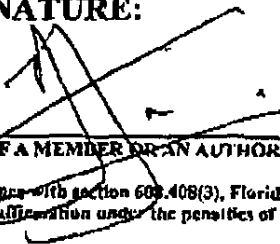
MGRM= Managing Member

MGRM= LUIS J CARIOLA, 1818 1/2 NE 31 CT SUITE 1802, AVENTURA FL. 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

LUIS J CARIOLA
Typed or printed name of signed

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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