L06000064775

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	,
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
/	•



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DEFAULT OF STATE
OIVISION OF CORPORATIONS
TABLE HASSEL FLORIDA

2006 JUN 27 AM 10: 48
SECRETARY OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

TOWN JUN 27 MINO: 48
TALLED MINO: 48

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Phone #

CANI INVE	STMENTS, LLC (Document #)
(Corporation Nam	e) (Document #)
(Colpoladol) (Vain	d) (Document #)
(Corporation Nam	e) (Document #)
(Corporation Name	B) (Document #)
Walk in Pick	up time Certified Copy
Mail out Will	wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark

Other

CR2E031(9/92)

Examiner's Initials

ARTICLES OF ORGAN	IZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		Fig. 1.
The name of the Limited I	Liability Compa	any is: "Limited Company" or their abbreviation "LLC," or "L.C.,")
CANI INVESTMENTS, LL		SECTION AND THE SECTION AND TH
(Must end with the words "Limited	d Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:		A STATE OF THE STA
	treet address of	the principal office of the Limited Liability Company is:
Principal Office Address	<u>s:</u>	Mailing Address:
13800 SW 8 STREET		13800 SW 8 STREET
STE: 450		STE: 450
MIAMI, FL 33184		MIAMI, FL 33184
The name and the Florida		of the registered agent are: CANIZARES
		Name
	13800 SW 8 S	STREET STE: 450
	Florida st	treet address (P.O. Box <u>NOT</u> acceptable)
	MIAMI	FL 33184
-	City,	, State, and Zip
liability company at th registered agent and agre statutes relating to the p accept the obligations	ne place designate to act in this coroper and composition a	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	JORGE CANIZARES
	13800 SW 8 STREET STE: 450
·	MIAMI, FL 33184
<u> </u>	
	=
	,
Use attachment if necessary)	
•	
• ,	n the date of filing: (OPTION
LE V: Effective date, if other thate the date is listed, the date in	n the date of filing: (OPTION ust be specific and cannot be more than five business d
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LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	e lanzar