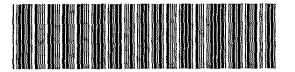
L06000011527

(Re	equestor's Name)	
(Ac	ldress)	
, (Ac	ldress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
<u></u>		
Special Instructions to	Filing Officer:	

Office Use Only



500078318575

08/04/06--01020--022 **130.00

OG AUG -4 PM 1:49
SECRETARY OF STATE



COVER LETTER

	ation Section of Corporations	
SUBJECT:	A PREFERRED INVESTMENT LIUG	
	(Name of Limited Liability Company)	
The enclosed Arti	rticles of Organization and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	ALEXANDRE AIME (Name of Person)	
	(Name of Person)	
	A PREFERRED INVESTMENT LLC (Firm/Company)	
	(Firm/Company)	
	8035 SW 107th Ave. #323	
	(Address)	
	MIAMI / FL 33173 (City/State and Zip Code)	
	(City/State and Zip Code)	
For further inform	rmation concerning this matter, please call:	
TOTAL MICE	and market, provide that	
ALEXA	(ANDRE AME at (305) 905 - 672 (Area Code & Daytime Telephone N	7
	(Name of Person) (Area Code & Daytime Telephone)	Number)
Enclosed is a ch	check for the following amount:	
	ng Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$10	SA AA Eiling Fee
] \$125.00 Filinį	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	icate of Status & fied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SECRE!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
A PREFERRED INVESTME	NI LLC
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Gar su jooth A. #222	last a bath to force
8035 SW 107th Ave. #323 MIAMI, FL 33173	MIANI FI 22173
PIRMITEL 33/10	114141,10 3011
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered	
business entity with an active Florida registration.)	<u>-</u> .
The name and the Florida street address of the r	registered agent are:
AL EXAMPOR	AIME
ALEXANDRE Name 8035 SW 107th A	
ann 6. 1. 1. 1.	#32.3
X035 SW 10 17th 14	Iress (P.O. Box <u>NOT</u> acceptable)
	· · · · · · · · · · · · · · · · · · ·
Mami 100	FL 33173
City, State, a	ind Zip
•	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	y. I further agree to comply with the provisions of all properties of the system of th
9 • • •	stered agent as provided for in Chapter 608, F.S
	lla .
Registered Agent's Signat	PU O
Acgisticied Agent's Signal	SECRET ALL AND TI
	ARY ARY
(CONTIN	
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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Membe	er	
MGRM	TONY AIME 14205 SW 149 Ave. Miami, FL 33196	
MGR	ALEXANDRE AIME \$035 SW 107TH AVE. #	323
MGRM	Eric Aime 8035 SW 107th Ave. 7 Miami) FL 33173	
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	han the date of filing: must be specific and cannot be more than	(OPTIONAL) five business days prior
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a me	ember.
of this docume	with section 608.408(3), Florida Statutes, the executor constitutes an affirmation under the penalties of a stated herein are true.)	
	ALEX AND R E AIME Typed or printed name of signee	OG AUG SECRET
Filing Fees:		1 3
\$125.00 Filing Fee for Articles of Registered Agent	of Organization and Designation	RY OF
S 30.00 Certified Copy (Option S 5.00 Certificate of Status (C	nall	
•		1: 49 STATE