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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJ	rct.	INTEGRAT	ED INVESTORS, L	LC.
50 150			ed Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	condence concerning this matte	er to the following:	
		Raul	Hernandez	
		(Name of Person)	
			(Firm/Company)	
		1413	Cedar lake Dr	
			(Address)	
			, Florida 32824	
		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	Raul He	ernandez	at (321) 356-52	48
•		of Person)	(Area Code & Daytime To	
Enclos	sed is a check fo	or the following amount:		
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
INTEGRATED INV	/ESTORS, LLC.
(Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1413 Cedar Lake Dr Orlando Fl 32824	1413 Cedar Lake Dr Orlando FL 32824
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Raul Enrique H	emandez
Name	
1413 Cedar L	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Orlando	FL 32824
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED) S S S S S S S S S S S S S S S S S S

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE OIVISION OF CORPORATIONS

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

	nagar	Name and Address:
"MGR" = Mar "MGRM" = M	lanaging Member	
MGR		Geovanni Alfredo Rodriguez
		1413 Cedar Lake Dr Orlando Fl 32824
MODM		
MGRM		Nancy Figueroa 1413 Cedar Lake Dr Orlando Fl 32824
MODM		
MGRM		Vladimiro Rios 1413 Cedar Lake Dr Orlando FL 32824
		
(Use attachme	nt if necessary)	
-	• /	date of filing: (OPTIONA
CLE V: Effective factive date is	ve date, if other than the listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective factive date is	ve date, if other than the listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective of the court o	re date, if other than the listed, the date must be date of filing.)	date of filing: (OPTIONAle specific and cannot be more than five business day
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CLE V: Effective of the court o	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	Description and cannot be more than five business day Of the second authorized representative of a member. Section 608.408(3), Florida Statutes, the execution in the second authorized representative of perjury

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)