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Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

## CPR INVESTMENTS, LLC

	منسنكسند المساور
Ccrtificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

JB

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L	iability Company is:					
CPR INVESTMENTS, L		40-man Parabal abbasistica (110)				
(Must and with the words "Limited	est and with the words "Limited Liebility Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and str	reet address of the pri	ncipal office of the Limited Lial	bility Company is:			
Principal Office Address:	• • • • • • • • • • • • • • • • • • • •	Mailing Address:				
1165 Brickell Bay Dr #2206 Miami Fl 33131	<u> </u>	Same				
(The Limited Liability Company car business entity with an active Flori The name and the Florida s	anot serve as its own Registed a registration.)  treet address of the re Rafael Rodriguez	Office, & Registered Agent's Sered Agent. You must designate an individual egistered agent are:	ual or another OT APR -9			
1155 E	Name Brickell Bay Dr #22	206	AH 9: 42			
		ress (P.O. Box NOT acceptable)	9: 42			
Miami	City, State, a	FL 33131 nd Zip	<b>2</b> 5			
liability company at the registered agent and agree statutes relating to the pro	place designated in th to act in this capacity oper and complete per	occept service of process for the ains certificate, I hereby accept the I further agree to comply with the formance of my duties, and I am stered agent as provided for in Cha	appointment as he provisions of all familiar with and			

(CONTINUED) Page 1 of 2

Agent Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	_	ing Member		
	MGRM		Sergio Rafael Rodriguez	
			1155 Brickell Bay Dr #2206	
	•		Miami Fl 33131	
	MGRM		Javier Gomez	0
	, ,	·	910 NW 128 Ct	
' : . ; ·		Anna Carlos State of the	Miaml Fl 33182	\$\frac{1}{2}\$
	MGRM		Jesus S Castanon	<b>_</b>
			15639 SW 16th St	
		•	Mlami FI 33185	
	MGRM	•	Otto Perez	£
٠	<u> </u>		7500 SW 38th St	
٧.			Mlami Fl 33155	
• •	(Use attachment if n	ecessary)		; t
TC	LEV: Effective date	e. if other than the date	of filing: <u>4-</u> 09-2007(0	PTIONAL)

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.)

Sergio Rafael Rodriguez

Typed or printed name of signee

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)

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