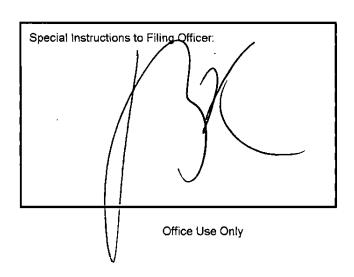
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SECRETARY OF STATE TALLAHASSEE. FLORIDATE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE STORY

•		Office Use Only
ORPORATION NAME(S) &	DOCUMENT NUMBER(S), (i	if known):
AR KAMILY	INVESIMENI	1, LLC .
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
Walk in Pick up	time <u>9106</u>	Certified Copy
☐ Mail out ☐ Will wa	ait Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	•
Profit	Amendment	
Not for Profit Limited Liability	Resignation of I Change of Regi	R.A., Officer/Director
Domestication	Dissolution/Wit	
☐ Other	Merger	
OTHER FILINGS	REGISTRATION/	QUALIFICATION
Annual Report	☐ Foreign	
Fictitious Name	Limited Partner	rship
	Reinstatement	
	Trademark Other	
	•	
		Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2007

LAZARUS

TALLAHASSEE, FL

SUBJECT: AR FAMILY INVESTMENT, LLC

Ref. Number: W07000022299

FFECTIVE DATE 5/7/07

We have received your document for AR FAMILY INVESTMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of April 30, 2007 is too far back.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 007A00032355



FAX NO. :3052201440

EFFECTIVE DATE 5 707

EI I EO II E E E

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

AR Family Investment, LLC

(Must and with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2176 NW 23 Avenue

Miami, Florida 33142

2176 NW 23 Avenue

Miami, Florida 33142

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rodriguez & Quincoces, P.A.

Name

2121 Ponce De Leon Boulevard, #1035

Florida street address (P.O. Box NOT acceptable)

Coral Gables

33134

City, State, and Zip

Having been named as registered agent and to accept service 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.

d Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager Manager Claudio R. Angulo 2176 NW 23 Avenue Miami, Florida 33142 (Use attachment if necessary) RETICLE V: Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be more than five business days price or 90 days after the date of filing.) REOUIRED SIGNATURE: Signsture of a member 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 penaltics of perjury that the fuels stated herein are true.) Claudio R. Angulo Typed or prioted name of sigueo	Title:		Name and Address:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)