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TRANSMITTAL LETTER

Ç

SUBJECT:	Ortega Investments, LLC	
	(Name of Limited Liability Company)	
The enclosed Articles	of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following	ng:
	Richard A. Glover, CPA, PA	
	(Name of Person)	
···	(Firm/Company)	
	1809 Miccosukee Commons Drive Suite 108	
	(Address)	
	Tallahassee, Florida 32308	SECRE TARY TALLAHASSE 07 JUN -6
	(City/State and Zip Code)	JUN AFFA
For further information	n concerning this matter, please call:	
Richa	rd A. Glover at (850) 422-1042	- STA
(Nair	ne of Person) (Area Code & Daytime Telephone N	AH 10: 49

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ortega Investments, LLC				
ARTICLE II - Address:				
The mailing address and street address of	of the principal office of the Limited Liability Company			
Principal Office Address:	Mailing Address:			
144 Kinsey Road	144 Kinsey Road			
Crawfordville, Florida 32327	Crawfordville, Florida 32327			
	- 			
ARTICLE III - Registered Agent. Re	gistered Office. & Registered Agent's Signature:			
ARTICLE III - Registered Agent, Re The name and the Florida street address				
	of the registered agent are:			
The name and the Florida street address	of the registered agent are:			
The name and the Florida street address	of the registered agent are:			
The name and the Florida street address Richar	d A. Glover, CPA, PA Name			
The name and the Florida street address Richar 1809 Miccosuk	d A. Glover, CPA, PA Name			
The name and the Florida street address Richar 1809 Miccosuk	d A. Glover, CPA, PA Name ee Commons Drive Suite 108			

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Benedicto L. Ortega 144 Kinsey Road Crawfordville, Florida 32327
MGR	Benny Ortega 144 Kinsey Road Crawfordville, Florida 32327
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.

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.)

Richard A. Glover, CPA, PA Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)