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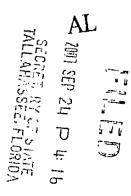
(Requestor's Name)				
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Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: ACTEON INVESTMENT LLC	
5050	(Name of Limited Liability Com	ipany)
The er	enclosed Articles of Organization and fee(s) are submitted for file	ing.
Please	e return all correspondence concerning this matter to the followi	ng:
	CHRISTIAN WEILL	
	(Name of Person)	
	ACTEON INVESTMENT LLC	
	(Firm/Company)	As 2
	960 NE 74TH STREET	
	(Address)	SEP SEP
	MIAMI, FL, 33138	SSEE C
	(City/State and Zip Co	
For fu	urther information concerning this matter, please call:	H: 16 DRIDA
A	Name of Person) at (Area C	229 64 98  Ode & Daytime Telephone Number)
Enclo	osed is a check for the following amount:  5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Fi \\ Certificate of Status  Certified C	ling Fee & 📝 \$160.00 Filing Fee,
	Registration Section Registration of Corporations P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661 F	Courier Address ration Section on of Corporations n Building Executive Center Circle assee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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

### **ARTICLE II - Address:**

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

Principal Office Address:	<b>Mailing Address:</b>			
960 NE 74TH STREET	960 NE 74TH STREET	SL(	7eg-	
MIAMI FL 33138	MIAMI FL 33138	34.	(1)	_ ' ; ]
		25	ď	
		(0.2°	24	- FI-XIES
ARTICLE III - Registered Agent, Registered	Office, & Registered Ag	ent' <u>s</u> Si	gnatui	re: 🦷
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an		or-Anoth	ier.
The name and the Florida street address of the re	egistered agent are:	î vî E Orida	5	
Dominique NAMECH	lE			
Name				
960 NE 74TH STRE	ET			
Florida street address (P.O. Box NOT acceptable)				
MIAMI FL 33138 FL				
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 negative agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	CHRISTIAN WEILL
	Villa Bel Espoir Royal Roed Bair du Tembean
	Dave the Tombeau Transfer
MGRM	SANDRA BOODHUN
<del></del>	Villa Bol Espeir / Royal Rood
	Baie du Tombeau Poi 3
	Dauritius Island. FR A
	TOF TO
	प्राप क

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/21/07 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

# **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.)

### CHRISTIAN WEILL

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)