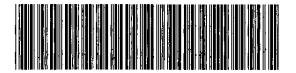
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: P&L	Sharing Investm	ents, LLC	
Sobolett.	(Name of Limit	ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
Pamela	Givans		
		(Name of Person)	
P&L Sha	aring Investment	s, LLC	
		(Firm/Company)	
3755 NV	V 203rd Street		
-		(Address)	
Miami G	ardens, FL 3305	55	
	(Cit	ty/State and Zip Code)	
For further information	n concerning this matter, please	se call:	
Pamela Giva	ans	at ( 786 ) 306-6514	
(Nam	e of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:	2007 I	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lin	nited Liability Compan	y is:	
	Investments, L		
(Mus	t end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		ne principal office of the Limited Lia	ability Company is:
Principal Office Ad	ldress:	<b>Mailing Address:</b>	
3755 NW 203rd Street	i	3755 NW 203rd Street	
Miami Gardens, FL 33	055	Miami Gardens, FL 33055	
The name and the FI	orida street address of Pamela Giva	the registered agent are:	2007 NOV 28 ANTI: 12 SECRETARY OF STATE TALLAHASSEE, FLORID.
_		ame	
	3755 NW 20	3rd Street	W 28 AHII: 12 HASSEE, FLORIDA
<del>-</del>	Florida stree	et address (P.O. Box NOT acceptable)	TO E
_	Miami Garde	ens, <sub>FL</sub>	95 =
	City, St	ate, and Zip	5 N
liability company	at the place designated	d to accept service of process for the a l in this certificate, I hereby accept the acity. I further agree to comply with	e appointment as
statutes relating to	the proper and complete	te performance of my duties, and I am registered agent as provided for in Cl	familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = M "MGRM" =		ne and Address:		
MGRM		nela Givans 5 NW 203rd Street	<del></del>	
		mi Gardens, FL 33055	<u> </u>	
<del></del>			<u> </u>	
			<del></del>	
·	nent if necessary)	44/00/07		
		iling: 11/20/07 . (C	OPTIONAL) siness days prior	•
•	SIGNATURE:		2007 SE1 TAL1	
	Panel Hu	lans	NOV 28 A	
	Signature of a member or an au	thorized representative of a member.		
	(In accordance with section 608, of this document constitutes an a that the facts stated herein are to	108(3), Florida Statutes, the execution firmation under the penalties of perjury rue.)	AHII: 12 7 OF STATE EE, FLORIDA	
		la Givans	A 2	
	Typed or prin	nted 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)