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SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

J. BRYAN

JUN 1 2 2008

**EXAMINER** 

## . COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Martinez & Martinez Investment & (Name of Limited Liability Company)	roup, UC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vilma T MARTINEZ	
(Name of Person)	
(Name of Felson)	
(Firm/Company)	, , , , , , , , , , , , , , , , , , ,
6720 N.W. 114 Ave #826	8 SERVICE
(Address)	
Doral Pl 33178	THE STATE
(City/State and Zip Code)	** ***********************************
	7. SEE
For further information concerning this matter, please call:	
Vilma MArtivez 1305, 305-4434	•
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  \$160.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	
Tallahassee, FL 32314 2661 Evecutive Center Circle  Tallahassee, FL 32301	and the second s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Martinez & MARTINEZ Investment group, L. (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: Mailing Address:
6720 Nw 114 Ave #884 Sahe Doal F1 33178
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability 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:
<u>Vilma I Martine 2</u>
6720 NW 114h Are #826.
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated maite itability 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
accept the obligations of my position as registered agent as provided for in Chapter ood, F.S

(CONTINUED)
Page 1 of 2

The name and addre	ss of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managi	Name and Address: ng Member
MGEM	VILMU I Martinez 6720 NW 114 Pare #806 DONE F1 33178
	SECRETAL DIVISION OF
	PH 2: 13
	, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior
REQUIRED SIGNA	nature of a member of an authorized representative of a member.
ofi	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)  1 Mu I Mu I Mu I L  Typed or printed name of signee
Filing Fees:	THE REPORT OF THE PROPERTY OF PROPERTY OF AS PROPERTY OF AS PROPERTY OF THE PR

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)