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DESTABLISHMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

ALLAHASSEE FLORING

B. KOHR

NOV - 3 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. ASSET MANAGEMENT (Corporation Name) (Document #) 2. (Corporation Name) (Document #)		
3.		
(Corporation Name)	(Document #)	
4	· · · · · · · · · · · · · · · · · · ·	
(Corporation Name)	(Document #)	
Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
	Examiner's Initials	

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	ipany is:
ASSET MANAGENE	NT INVESTMENT, L.L.C.
(Must end with the words "Lin	nited 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:
1941 SW 150H ME MiAMI, F(33185	1941 SW 150H AVE
Miami, F(33185	minmi, F(33185
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
	the and
- Minon	HERMOSA STATE
1941 SW. 1	SO HAVE TO THE
Florida	street address (P.O. Box NOT acceptable)
M	street address (P.O. Box NOT acceptable) iAni, FL 33185 ty. State and Zip.
Ci	ty, State, and Zip
liability company at the place design	t and to accept service of process for the above stated limited nated 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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RAMON HERMOSA 1941 SW 150 HL AVE MIAMI, F(33185
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the data (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

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)

Typed or printed name of signee