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To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

NOV - 9 2009

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.**

capital investment ventures llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
CAPITAL INVESTMENT VENTURES LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is:

CAPITAL INVESTMENT VENTURES LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company shall be as follows:

1401 Ponce de Leon Blvd., Suite 202, Coral Gables, Fl. 33134

ARTICLE III

The period of duration for the Limited Liability Company shall be:
Perpetual

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers who may be, but are not required to be, a member of the Company. The name and address of the manager who will serve as manager until the first annual meeting of the members or until the successor is selected and qualified in accordance with the Regulations is as follows:

AMPARO SILVA - 6610 N.W. 82 AVE., MIAMI FL 33166 - Manager

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: By unanimous written consent of the existing members as per the terms of the Regulations.

JORGE E. BLANCO, ESQ.
1401 Ponce De Leon Boulevard, Suite 202
Coral Gables, Florida 33134
Telephone No.: (305) 444-0044
Florida Bar No.: 197807

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ARTICLE VI

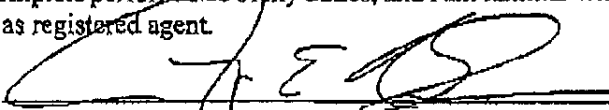
The right, if given, of the members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as provided for in the written Regulations of the Company.

ARTICLE VII

The name and the Florida street address of the registered agent and registered office are:

JORGE E. BLANCO
1401 Ponce de Leon Blvd., Suite 202
Coral Gables, Florida 33134

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.


JORGE E. BLANCO-Registered Agent

ARTICLE VIII

Purpose: Any and all lawful purposes permitted under the act.

ARTICLE IX

Regulations: Any Regulations as defined in Section 608.402 (13) of the Act, relating to this Limited Liability Company must be in writing and signed by all the Members.

IN WITNESS WHEREOF, We have signed these Articles of Organization and acknowledged them to be my act this 4 day of November 2009


AMPARO SILVA- Manager

In accordance with Section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.**

a. The name of the Limited Liability Company is:

CAPITAL INVESTMENT VENTURES LLC

The name and the Florida street address of the registered agent and registered office are:

**JORGE E. BLANCO, 1401 PONCE DE LEON BLVD., SUITE 202,
CORAL GABLES, FLORIDA 33134**

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.


JORGE E. BLANCO-Registered Agent

STATE OF FLORIDA

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COUNTY OF MIAMI-DADE

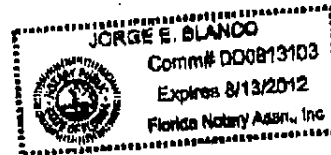
I HEREBY CERTIFY, that on the 4 day of Nov, 2009, personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments, AMPARO SILVA, to me well known or who has provided her F.D. DRIVER'S
LICENSE as identification, and she acknowledged that she signed and executed the same for the uses and purposes herein used.

IN WITNESS WHEREOF, I have set my hand and official seal at Miami, County of Miami-Dade, State of Florida, the day and year above written.



Notary Public, State of Florida

My Commission Expires:



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