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(((H10000017481 3)))



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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## fenix investments, llc

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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Corporate Filing Menu

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## **COVER LETTER**

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| ŤO:             | Registration Section Division of Corporations   |
|-----------------|---|
| SUBJI           | FENIX INVESTMENTS, LLC  |
| 2000            | Name of Limited Liability Company   |
| The en          | olosed Articles of Organization and fec(s) are submitted for filing.  |
| Please          | return all correspondence concerning this matter to the following:  |
|                 | Horacio Enrique Blanco Guarin   |
|                 | Menue of Leavan   |
|                 | AURA OLIVAS, P.A.   |
|                 | Firm/Company  |
|                 | 4000 Ponce de Leon Boulevard, Suite 470   |
|                 | Address   |
|                 | Coral Gables, FL 33146  |
|                 | City/State and Zip Code   |
|                 | aolivas@olivaslaw.net  E-mail address: (to be used for figure analys) report notification)  |
| For fur         | ther information concerning this matter, please call:   |
|                 | Thomas J. Palmieri, Esq. at ( 305 ) 441-9021  |
|                 | Name of Person Area Code & Daytime Tulephone Number   |
| Enclos          | ed is a check for the following amount:   |
| <b>]</b> \$125. | 00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
|                 | Malling Address Street/Courier Address Registration Section Registration Section  |
|                 | Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building   |
|                 | Tallahassee, FL 32314 2661 Executive Center Circle  |

H10000017481

Tallahassee, FL 32301

HAGE 03/03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ر سونسر  |   |   |
|--|---|---|
|  | VIX INVESTMENTS, LLC e words "Limited Limbility Company," "L.L.C.," or "LLC.")  | <del>, , , , , , , , , , , , , , , , , , , </del> |
| ARTICLE II - Address:  |   | ·   |
|  | t address of the principal office of the Limited  | Liability Company is:                             |
| Principal Office Address:  | Mailing Address:  |   |
| 2900 NW 77 Court   | 2900 NW 77 Court  |   |
|  |   |   |
|  | Dors), Fl 33122  Agent, Registered Office, & Registered Agen  |   |
| ARTICLE III - Registered A<br>(The Limited Liability Company canno<br>basiness catily with an active Florida   | Doral, Fl. 33122  Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate an in  | tividual or another                               |
| ARTICLE III - Registered A<br>(The Limited Liability Company canno<br>basiness catily with an active Florida   | Doral, Fl 33122  Agent, Registered Office, & Registered Agent serve as its own Registered Agent You must designate an inregistration.)  et address of the registered agent are:   | tividual or another                               |
| ARTICLE III - Registered A<br>(The Limited Liability Company canno<br>basiness catily with an active Florida   | Doral, Fl 33122  Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate an invegistration.)   | tividual or another  SECINE TALLAH                |
| ARTICLE III - Registered A (The Limited Liability Company cannot basiness entity with an active Florida The name and the Florida stre  | Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate an integratemen.)  set address of the registered agent are:  AURA OLIVAS, P.A.  Name                                       | tividual or another  SECINE TALLAH                |
| ARTICLE III - Registered ACTICLE III - Registered ACTICLE III - Registered ACTICLE IIII - Registered ACTICLE IIII - Registered ACTICLE IIII - Registered ACTICLE IIII - Registered ACTICLE III - Reg | Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate an integrated agent are:  AURA OLIVAS, P.A.  | 10 JAN 27 SECRETARY TALLAHASSE                    |
| ARTICLE III - Registered A (The Limited Liability Company cannot be be be be been been and the Florida street from the florida street florida | Agent, Registered Office, & Registered Agent sarve as its own Registered Agent. You must designate an incredistration.)  et address of the registered agent are:  AURA OLIVAS, P.A.  Name  Ponce de Leon Boulevard, Suite 470 | 10 JAN 27 SECKETAKY TALLAHASSE                    |

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

60/b0 394

רייור דעבר מטער אבן

ARTICLE IV- Manager(8) or Managing Member(8):

| The name and a                               | ddress of each Manager                                     | or Managing Member is as follows:                 |             |          |     |
|--|--|---|-------------|----------|-----|
| <u>Title:</u><br>"MGR" = Mana<br>"MGRM" = Ma |  | Name and Address:                                 |             |          |     |
| MGR  |  | Horacio Enrique Blanco Guario                     |             |          |     |
|  | <del></del>  | 2900 NW 77 Court                                  | ميدسسين     |          |     |
| ,  |  | Doral, FI 33122                                   |             |          |     |
|  |  |   |             |          |     |
|  |  |   |             |          |     |
|  | <del></del>  |   | <del></del> |          |     |
|  |  |   |             |          |     |
|  |  |   |             |          |     |
| <u> </u>                                     | <del></del>  |   |             |          |     |
|  |  |   |             |          |     |
| (Use attachment                              | t if necessary)  |   |             |          |     |
| ARTICLE V: Effective                         | date, if other than the da                                 | te of filing: (                                   | OPTION      | AL)      |     |
| (If an effective date is li                  | sted, the date must be s                                   | pecific and cannot be more than five bu           | siness da   | ys pr    | юг  |
| to or 90 days after the d                    | iate of fluing.)   |   |             |          |     |
| REQUIRED S                                   | GNATURE:   |   |             |          |     |
|  | 1/01/1803  | U BIDIONE I                                       |             |          |     |
|  | Signature of a member o                                    | r an authorized representative of a member.       | 产资          | 5        |     |
| <u></u>                                      | We accordance with section                                 | on 608.408(3), Florida Statutes, the execution    | 医溶          | ¥        |     |
| V  | of this document constitu-<br>that the facts stated herein | tes an affirmation under the penalties of periury | ECRETARY OF | JAN 27   | FIL |
|  | Horacio  | Enrique Blanco Guarin                             | EO.         | 77       | ED  |
|  | Турес  | or printed name of signee                         | ES T        | <b>X</b> | U   |
| Filing Fee                                   | <u>s:</u>  |   | SA<br>SA    | AM II: 3 |     |
| of Re  | Fee for Articles of Organiz<br>gistered Agent              | ation and Designation                             | DA          | 1        |     |
| \$ 30.00 Certif                              | ied Copy (Optional)  |   |             |          |     |

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\$ 5.00 Certificate of Status (Optional)

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