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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

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: LAZARUS CORPORATE FILING SERVI

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

77	4 7	Address:
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FLORIDA/FOREIGN LIMITED LIABILITY CO. ON DEMAND INVESTMENTS & MANAGEMENT SERICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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C. LEWIS

EXAMINER

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ARTICLE I - Name:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	pany is:
On Demand]	nuestments & Management mitod Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "L	mited Liability Company, "L.L.C.," or "LLC.") Service S
ARTICLE II - Address:	LLC
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Principal Utilice Address:	Walling Address:
3822 W 16th ave	3822 W 16 thave
Hialegh, Fl 33012	Higleah, Fl 33012

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:

Jorge G	autience 2
	Name
3822 W	16th avenue
. Florida st	treet address (P.O. Box NOT acceptable
Hialeah	EL 330\Z
City,	, State, and Zip

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

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SECRETARY OF STATE The name and address of each Manager or Managing Member is as follow ALLAHASSEE, FLORIDA Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are thue.) Typed or printed 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)

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