L1000066812

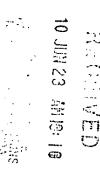
(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600182085166

06/23/10--01006--019 **155.00



13. KOHR JUN 2 3 2010

EXAMINER



ECFS

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

10 JUN 23 MII.

- →	OFFICE USE ONLY	
CORPORATION NAME(S) & DOCU	JMENT NUMBER(S) (if known):	
1. N) 31822 Investmen	L, LL (Document #)	
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
La NG an ar	Control of the second of the s	
NEW FILINGS	AMENDMENTS &	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
✓ Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Метдет	

REGISTRATION/ QUALIFICATION

Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

Foreign

OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM ARTICLE I - Name: The name of the Limited Liability Company is: NJ 31822 INVESTMENT LLC (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: Mailing Address: **Principal Office Address:** 31822 SW 187 CT. 31822 SW 187 CT. HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 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:

31822 SW 187 CT.

Florida street address (P.O. Box NOT acceptable)

HOMESTEAD FL 33030

City, State, and Zip

Name

JESUS TELLO

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)
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>		Name and Address:	
"MGR" = Manag			
"MGRM" = Mar	laging Member		
MGRM		JESUS TELLO	
· · · · · · · · · · · · · · · · · · ·	_	31822 SW 187 CT.	
		HOMESTEAD, FL 33030	
MGRM		NORMA RINCONES	
		31822 SW 187 CT.	
		HOMESTEAD, FL 33030	
	_		
/TT4: 1	40		
(Use attachment	ii necessary)		
RTICLE V: Effective	late if other than the	date of filing: (OPTIO	JATI
f an effective date is list	ed, the date must b	e specific and cannot be more than five business d	iavs print
or 90 days after the da	ite of filing.)	a spending and common by more enter my a squittent of	was brior
•	3,		
<u>REQUIRED</u> SIG	GNATURE:	H	
	~ / No	r or an authorized representative of a member.	
	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
4 4 4 4 1	THE PARTY PROPERTY OF THE PARTY AND A STATE OF	JESUS TELLO	•
	Tyj	ped or printed name of signee	