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Office Use Only



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SEP 28 2010

EXAMINER

SECRETARY OF STATE

2010 SEP 27 PH 12:

COVER LETTER

	of Corporations
SUBJECT: Ein	ves RE, LLC
	Name of Limited Liability Company
	cles of Organization and fee(s) are submitted for filling.
Piease return an o	correspondence concerning this matter to the following:
Angel N	eves, Jr
	Name of Person
Einves f	RE, LLC
 	Firm/Company
PO Box	960963
	Address
Miami E	lorida 33296
ivilatili, f	City/State and Zip Code
einvesre	@comcast.net
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Angel Nieves	Jr at (_786)269-8220
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
□\$ 125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street/Courter Address

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ADTICLES OF ODCANIZATION FOR FLODINAL IMPTED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILIT	YCOMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
the hance of the Limited Liability Company is.		
Einves RE, LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	rinainal affice af the Limited Lieb	rility Company is
The mailing address and street address of the pr	incipal office of the Limited Liac	mity Company is:
Principal Office Address:	Mailing Address:	
7705 Hannes also Dhad 2005	DO D 000000	
1725 Hammocks Blvd 205F Viami, Florida 33196	PO Box 960963 Miami, Florida 33296	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis		
business entity with an active Florida registration.)		
The name and the Florida street address of the i	registered agent are:	
Angel Nieves Jr Name		
9725 Hammocks Blvd 20		
	dress (P.O. Box <u>NOT</u> acceptable)	
Miami	FL 33196	
City, St	ate, and Zip	
Having been named as registered agent and to		
liability company at the place designated in the	- · · · · · · · · · · · · · · · · · · ·	
registered agent and agree to act in this capacit statutes relating to the proper and complete pe		•
accept the obligations of my position as regi		
		4,500, 000, 11011
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Registered Agent's Signal	hire (REQUIRED)	2010 SEP SECRETA
Registered Agent a Signal	inic (REQUIRED)	TAS EP
(CONT)	(NUED)	SE SE
Page 1	i of 2	
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		PM 12: 4.2 PF STATE FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:			
MGRM		Angel Nieves Jr			
		9725 Hammocks Blvd 205F		•	
		Miami, Florida 33196			
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	ent if necessary)	a data of filing:	(ADTIA	MAIN	
CLE V: Effective of the court o	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	e date of filing: be specific and cannot be more than five be	usiness)] *i
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of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)