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.

(((H11000026033 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

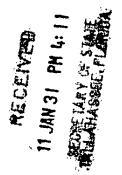
From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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## FLORIDA LIMITED LIABILITY CO. STRICTLY BUSINESS INVESTMENTS LLC

Certificate of Status

A

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

Help FEB - 1 2011

EXAMINER

7/31/201

The name of the Limited Liability Company is:

ARTICLE 1 - Name:

# H11000026033

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STRICTLY BUSINESS INVESTMENTS 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:

Principal Office Address:

Mailing Address:

Principal Office Address:	Mailing Address:
6073 NW 167 ST. Hialeah FL 33015	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Elevida streat address of the company of the Elevida streat address of the company and the company address of the company and the company and the company address of the company and th	stered Agent. You must designate an individual or matter
The name and the Florida street address of the DUAN Name	Jimenez #
Hialeah	U 167 ST dress (P.O. Box NOT acceptable) FL 33015
City, St	ate, 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)

Page 1 of 2

# H11000026033

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Juan L. Jimenez G073 NW 167 ST Haleah FL 33015
	三 <u>三</u> 二 1
	SSER
	E SE
(Use attachment if necessary)	PACE SA
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	for an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
JUAN	ped 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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