L11000014592

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A. L	.UNT
	FEB -	- 3 2010

EXAMINER

Office Use Only



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COVER LETTER

	то:	Registration S Division of Co			
	SUBJE	_{ct:} Stingr	ay I Investments	, LLC	
				ed Liability Company	
			f Organization and fee(s) are	-	
	Please r	eturn all corresp	ondence concerning this mat	ter to the following:	
		Alicia Nu	tterfield		
	_			Name of Person	
	_	Aegis Co	uncil, LLC		
				Firm/Company	
	1	155 Cadi	lac Place	•	20 <u>1</u>
	-			Address	A E
	6	Reno, NV 8	30500		FEB -1
	'-	(0110, 140 (ry/State and Zip Code	## P
	á	alicia@aegi	scouncil.com		F 5 40
	-			for future annual report notification)	2 <u>3</u>
•	For furt	her information	concerning this matter, please	e call:	31-
-	Alicia	Nutterfield		at (775) 331-0404	
		Name	of Person	Area Code & Daytime Telephone Numb	per
	^		or the following amount:		
4	\$ 25.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, the of Status & I Copy I copy is enclosed)
			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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Stingray I Investments, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
14300 S.W. 129th Street Ste. 202 Miami, FL 33186	14300 S.W. 129th Street Ste. 202 Miami, FL 33186
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remaining Lopez Jr. Name 14300 S.W. 129th	red Agent. You must designate an individual of another agent are:
	ess (P.O. Box <u>NOT</u> acceptable)
Miami	_{er} 33186

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

	TER PER PER PER PER PER PER PER PER PER P
MGR	Lopez Asset Management Group, LLC
	14300 S.W. 129th St., Ste. 202
	Miami, FL 33186
	<u></u>
	· ·
(Use attachment if necessary)	
• •	
LE V: Effective date, if other that	an the date of filing: (OPTIONA
	ust be specific and cannot be more than five business day
days after the date of filing.)	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

(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 true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alicia Nutterfield, Organizer

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)