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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SELVELIAGE OF STATE
TAIL AHASSEE, FLORIDA

B. BOSTICK

JUN - 9 2011

EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: First C	Choice Investments		
	- 	Name of Limite	d Liability Company	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corre	espondence concerning this matte	er to the following:	
	Seth Carpe	enter	Name of Person	
			Name of Person	
	First Choic	e Investment§		
			Firm/Company	
	1010 my 1	1 at #200		
•	1010 nw 1	1 51 #209	Address	
				!
ľ	<u>Miami Florio</u>			
		•	/State and Zip Code	
	sethcar85@	gmail.com F-mail address: (to be used for	or future annual report notification)	72 1
		·	į.	ેં 🚌 🔡
For fur	ther information	on concerning this matter, please	call:	AM IO: 32
Seth	Carpenter		at (786) 380-5840	32 31E
	<u> </u>	ne of Person	Area Code & Daytime Telephone Number	2
Enclos	sed is a check	for the following amount:		
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
		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 Com	npany is:			
First Choice Investments LLC (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")		-	
ARTICLE II - Address:	of the principal office of the Limited Li	iability (Compa	any is
Principal Office Address:	Mailing Address:			
1010 NW 11 ST #209 Miami Florida, 33136	1010 NW 11 ST #209 Miami Florida, 33136		-	
Seth Carpenter	·	SÉ TAL	- -	•
	Name	SECKLIAR I	11 JUN -8	1
1010 NW 11 ST #	209	かられ	1	6-30-30-2-62 1-30-30-44 1-30-30-44
	a street address (P.O. Box NOT acceptable)			
Miami	FL33136	<u>13.</u>	AM 10: 3	
	City, State, and Zip	E FLORID	N	
liability company at the place desig	nt and to accept service of process for the mated in this certificate, I hereby accept to is capacity. I further agree to comply wit	e above s he appoi	intmer	ıt as

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)

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 "MGRM" = Managing Member	Name and Address:	
MGR	Seth Carpenter 1010 NW 11 ST # 209 Miami Florida, 33136	
	SECRE IA SECRETARY ASSE	7
	PH 10: 32	•
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business da	AL ys
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.)

Seth Carpenter

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)