

08/27/2009 03:5

L11000094148

#1783 P.001/003

Florida Department of State  
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.

(((H11000204968 3)))



H110002049683ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
INVESTMENTS XR LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

RECEIVED

11 AUG 16 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 16 AM 8:41

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

AUG 17 2011

8/16/2011 2:22 PM  
EXAMINER

H11000204968

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

INVESTMENTS XR 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:**2921 Aqua Vireo Loop  
Unit 247 Orlando  
Florida 32837Same**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:

Romeo Del Valle Scrivante

Name

2921 Aqua Vireo Loop Unit 247Florida street address (P.O. Box NOT acceptable)Orlando

FL

32837

City, State, 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

H11000204968

 11 AUG 15 AM  
 FILED  
 RECEIVED  
 TALLAHASSEE, FL

H11000204968

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRMMGRM**Name and Address:**

Romeo del Valle Scrivante  
2921, AQUA VIRGO LOOP UNIT 24  
ORLANDO, FLORIDA 32837

Xiomara Salas  
2921, AQUA VIRGO LOOP UNIT 24  
ORLANDO, FLORIDA 32837

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**
  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(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.)

ROMEO del Valle Scrivante

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)

H11000204968

FILED  
 11 AUG 16 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA