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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
INVESTMENTS JR LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Investments L.R. 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 VINGO
100P. UNIT 24
32837 ORLANDO,
FLORIDASAME

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:

Xiomara Gutierrez

Name

2921 AQUA VINGO 100P UNIT 24Florida 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.

Xiomara Sales

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H11000204966

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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

Name and Address:MGRMMGRMXiomara Gutierrez
2921 AQUA VINGO LOOP
UNIT 24 ORLANDO, FL 32832Julia Rodriguez
2921 AQUA VINGO LOOP
UNIT 24 ORLANDO, FL 32832

(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:Xiomara Gutierrez
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.)

Xiomara Gutierrez
Typed or printed name of signerSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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