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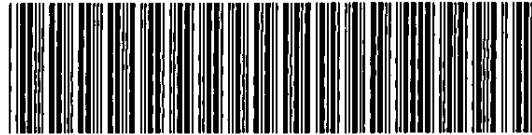
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Rolanda E. Leiva, CPA

Requestor's Name

7400 SW 50 Terr. #302

Address

Miami, FL 33155 (305)6631511

City

State

ZIP

Phone

VALIDATION ONLY

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CORPORATION(S) NAME

JFRF Investments, LLC

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|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                      |
| <input type="checkbox"/> NonProfit           |  |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                        |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent  |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal      |
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

Date: September 1, 2011

EFFECTIVE DATE 9/10/2011

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is:

**JFRF INVESTMENTS, LLC**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**1005 W 29 STREET  
HIALEAH, FL 33012**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**RICARDO FERNANDEZ**

Name

**1005 W 29 STREET**

Florida Street Address

**HIALEAH, FL 33012**

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.

x   
\_\_\_\_\_  
Registered Agent's Signature

#### **ARTICLE IV – MANAGEMENT**

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company.

The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

**Title:**  
**Member/Manager**

**Name and Address:**  
**RICARDO FERNANDEZ**  
**1005 W 29 STREET**  
**HIALEAH, FL 33012**

**Member/Manager**

**JESUS FERNANDEZ**  
**1005 W 29 STREET**  
**HIALEAH, FL 33012**

## **ARTICLE V - BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

## **ARTICLE VI – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: SEPTEMBER 10<sup>th</sup>, 2011.

X

  
\_\_\_\_\_  
Signature of 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

X

  
\_\_\_\_\_  
RICARDO FERNANDEZ  
Member/Manager of LLC

September 1, 2011