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	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	SEP 12 M
	**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.**	
	Email Address:	
	FLORIDA LIMITED LIABILITY CO. INCOME REAL ESTATE INVESTMENTS LLC.	<u></u>
RECEIVED	Certificate of Status     1       Certificate of Status     1       Certified Copy     0       Page Count     03       Estimated Charge     \$130.00	T. CLINE SEP 1 3 2011
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

### INCOME REAL ESTATE INVESTMENTS LLC.

(Must end with the words "Limited Liability Company, "LL.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:	Zo M
8567 CORAL WAY	SAME	
MIAMI FLORIDA 33155		
·····		N
ARTICLE III - Registered Agent, R		t's Signature:
(The Limited Liability Company cannot serve as it business entity with an active Plorida registration.	s own Registered Agent. You must designate an ind .)	
The name and the Floride street address	a of the maintained a cent and	ITE S

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

PEDRO ANTONIO BAEZ
Name
8567 CORAL WAY
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33155

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 papacity. 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.

fignature (REQUIRED) Registered Agents

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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:

#### Name and Address:

"MGR" - Manager "MGRM" = Managing Member

MGR

MGR

GEYDI L. CASTELLON CABALLERO 8567 CORAL WAY MIAMI FL 33155

PEDRO ANTONIO BAEZ 8567 CORAL WAY MIAMI FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OP CNAME (If an effective date is listed, the date must be specific and cannot be more than five busines days prior to or 90 days after the date of filing.)

#### <u>REOUIRED</u> 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 penaltics of perjury that the facts stated herein are true.)

PEDRO ANTONIO BAEZ

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)

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