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(Reque	estor's Name			
(Addre	ess)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Na	me)		
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(Docur	ment Number)		
Certified Copies	Certificate	es of Status		
Special Instructions to Fili	ng Officer:			





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EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2012

ERICA REIMER 2100 CORAL WAY, SUITE 305 MIAMI, FL 33145

SUBJECT: URBAN INVESTMENT, LLC.

Ref. Number: W12000021741

We have received your document for URBAN INVESTMENT, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L100000029917.

You must insert the letters "MGRM" in the block above the name and address each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II 2012 BY -4 PH 3: L

www.sunbiz.org

Letter Number: 912A00012168

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: URBAN INVESTHENT, LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erica Reimer
Name of Person
Firm/Company
Z100-GORAT Way - suite 305
Address
Hiami - FL - 33145
City/State and Zip Code CRICAL REINER Charmed
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 223 9689 Area Code & Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy is enclosed. Street/Courier Address Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy is enclosed. ART ART ART ART ART ART ART ART ART AR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is:			
	URBAN B.A. INVES	STMENTS, LLC	_	
	ARTICLE II - Address: The mailing address and street address of the princ		Company is:	
	Principal Office Address:	Mailing Address:		<u>-</u>
2100	Sylle 305 Hight -FL - 33145	same	_	
	ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signal Agent. You must designate an individual or	ature:	
	The name and the Florida street address of the regi	stered agent are:		
	ERICA Rei	mer		
	Name Z9Z4 Collinis AV Florida street address	- apt 205 s (P.O. Box NOT acceptable)		
	Hiami F City, Stale,	<u>L 33/40</u> and Zip		
	Having been named as registered agent and to accommodate and the place designated in this registered agent and agree to act in this capacity. It statutes relating to the proper and complete performancept the obligations of my position as register	certificate, Lhereby accept the appo further agree to comply with the pr rmance of my duties, and I am famil	ointinent as _ vovisions of all liar with and	
			SECRET	
	Registered Agent's Signature (CONTINUE		ARY OF S	m
	Page 1 of 2	j	PH 3: L9 OF STATE OF FLORIDA	Con

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 M o mber	Name and Address:	
TORGE ARZUBI E	2100 CORALWay - ste 305 HIRMI FL 33145 — BRENA	
<u> </u>		نتف نهد يو دد
(Use attachment if necessary) ARTICLE V: Effective date, if other than the		
to or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior	
(In accordance with section 60)	per or sin authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document for the negatites of periors that the facts statud basels are true.	
constitutes a third degree felon	TRUST DORDA ARE ARE SERVED ARE ARE SERVED ARE ARE SERVED ARE ARE SERVED ARE S	
\$125.00 Fising Fee for Articles of Orga of Registered Agent \$ 38.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	AATE I	O