8217200051

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	· WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

MAY 2 1 2012

EXAMINER



300235049283

05/18/12--01015--004 **125.00



COVER LETTER

то:	Registration Se Division of Cor			• •
SUBJ	ECT. INVES	TMENTS MAD	E PLATINUM	
SUBJ	ECI:		ited Liability Company	
The en	nclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please	return all correspo	ndence concerning this ma	tter to the following:	
	ROCHAS	KA BROWN		
			Name of Person	
	INVESTM	ENTS MADE P		
			Firm/Company	
•	2118 OAK	MONT DRIVE		
			Address	
	RIVIERA BE	EACH, FL 33404		
	071741/504		ity/State and Zip Code	
	SILIAXES	GMAIL.COM E-mail address: (to be used	for future annual report notification)	
For fu	rther information c	oncerning this matter, pleas	se call:	
ROC	CHASKA BRO	OWN	at (954) 6683302	
	Name of	Person	Area Code & Daytime Telep	phone Number
Enclo	sed is a check for	the following amount:		
▼ \$125.00	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
·		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVESTMENTS MADE PLATINUM 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:

2118 OAKMONT DRIVE

RIVIERA BEACH, FL 33404

4150 SW 23RD ST WEST PARK, FL 33023

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:

ROCHASKA BROWN

Name

4150 SW 23RD ST

Florida street address (P.O. Box NOT acceptable)

WEST PARK.

. 33023

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

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

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

MGR	ROCHASKA BROWN 4150 SW 23RD ST WEST PARK, FL 33023
MGRM	DONICKA MAPPS
	685 NW 156TH ST
	PEMBROKE PINES, FL 33028
MGRM	PHYLLIS MAPPS
	2118 OAKMONT DRIVE
	RIVIERA BEACH, FL 33404
(Use attachment if necessary)	
LE V: Effective date, if other than t	the date of filing: 04/10/2012 . (OPTION

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.)

ROCHASKA BROWN

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)