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COVER LETTER

Division of Corp		,	•
SUBJECT: Centau	ır Investments L	LC	
		ed Liability Company	
The enclosed Articles of 0	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
Anthony S	Sciacca		
		Name of Person	
Centaur Ir	vestments LLC		
"		Firm/Company	
P.O. Box 1	100387		
		Address	
Palm Bay F	lorida 32910		
	_	y/State and Zip Code	
centaurinves	tments@cfl.rr.com	or future annual report notification)	
For further information co	oncerning this matter, please	e call:	
Anthony Sciacca		at (321) 914-4998	
Name of	Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee ✓	\$130.00 Filing Fee & Certificate of Status	S155.00 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:	
Centaur Investments LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
608 Altamira Street	P.O. Box100387
Palm Bay Florida 32907	Palm Bay Florida 32910
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
	gistered agent are.
Anthony Sciacca	
Name	
608 Altamira Stre	eet SSEN 5 T
Florida street addr	ress (P.O. Box NOT acceptable)
Palm Bay Florida 32907	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Mambar	·
"MGRM" = Managing Member	
MGR	Anthony Sciacca
	608 Altamira Street
·	Palm Bay Florida, 32907
MGRM	Loretta Yarbrough
	608 Altamira Street
	Palm Bay Florida 32907
	
(Use attachment if necessary)	
LEV: Effective date if other than	the date of filing: October 15 2012 . (OPTI
	t be specific and cannot be more than five business
days after the date of filing.)	-

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.)

Anthony Sciacca

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)