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(Re	questor's Name)	
(Ad	dress)	,
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 04/23/13



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EALLAHASSEE FLORIO



COVER LETTER

	gistration (vision of C	Section orporations				
CUD IDOT.		Holdings Investment G	roup			
SUBJECT:	***************************************	Name of Limit	ted Liability Co	mpany	·	-
The enclose	d Articles o	of Organization and fee(s) are	submitted for fi	iling.		
Please return	n all corres	pondence concerning this mat	ter to the follow	/ing:		
Mic	hael Nol	in Eric Blumb	erg			
			Name of Persor	1		
Mia	ımi Holdi	ngs Investment Group		ı		
			Firm/Company	,		
168	350 collin	s ave ste #112493				
			Address		-h-4	N2
Sur	nny isles	beach FL 33160			ALEA	Zero AFR
info	@miami	Cid holdingsinvestmentgro	ty/State and Zip (up.com	Code	ASSE	R 26
		E-mail address: (to be used	for future annual	report notification)	<u> </u>	2
For further i	nformation	concerning this matter, please	call:		<u> </u>	က [ှီ
Eric Blun	nberg		323	304-2992	D _A	ò
	Name	of Person	at (Area C	Code & Daytime Telep	hone Number	-
Enclosed is	s a check f	or the following amount:				
⊒\$ 125.00 F		□\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & (Copy copy is enclosed)	\$160.00 Filing I Certificate of Sta Certified Copy (additional copy is c	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporations on Building Executive Center C hassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	1
Miami Holdings Investment Group, LLC.	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16850 Collins Avenue	16850 Collins Avenue
#112493	#112493
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160
Sunny Isles Beach, FL 33	egistered agent are: AHASSE PH 3: 59 160 FL
City, Sta	ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 04/23/13

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 Member	Name and Address:
CEO, MGRM	Eric Blumberg 19730 Collins Avenue Ste 1115 Sunny Isles Beach, FL 33160
CFO	Michael J. Nolin 17121 Collins Avenue ste. 4204 Sunny Isles Beach, FL 33160
(Use attachment if necessary)	
(Use attachment if necessary) TICLE V: Effective date, if other than an effective date is listed, the date mor to or 90 days after the date of filing.	ust be specific and cannot be more than five business da
TICLE V: Effective date, if other than an effective date is listed, the date m	nust be specific and cannot be more than five business da
TICLE V: Effective date, if other than an effective date is listed, the date m or to or 90 days after the date of filing. REQUIRED SIGNATURE:	nust be specific and cannot be more than five business da

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)