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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Submoss Emily Hame)		
(Document Number)		
Certified Copies Certificates of Status		
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K.SALY EXAMINER AUG - 9 2013 (850) 245-6051.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	P Homes IN	VESTHENT GROUP.	LL.C.
		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
ALA	ENSO COSCIC	Name of Person	
		Name of Person	
		Firm/Company	
12230	53rdave.		
	53rd ave.	Address	
mon	treal Que	HIE DA6. y/State and Zip Code	
	Cit	y/State and Zip Code	
a.cc	E-mail address: (to be used to	Cor future annual report notification)	
	concerning this matter, please		
A. —	4 1	-1 0/2 -1	n. 1
/H/FONSO (of Person	at (<u>514</u>) <u>947-75</u> Area Code & Daytime Telep	16 (·
Enclosed is a check for	or the following amount:		
□\$125.00 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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	loup L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi	ted Liability Company is:
Principal Office Address: Mailing Address:	
Site 405. Site 405. 33069 Hompmo Beach Pl. HIEDAL. USA	Lave. Canada
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a business entity with an active Florida registration.)	gent's Signature: in individual or another
The name and the Florida street address of the registered agent are: AFONSO COSCIENTIAL STREET AND SOLUTION NAME JOON N. COURSE DR. STREET AND SOLUTION NOT acceptable Town pand Beauty 33069. City, State, and Zip Having been named as registered agent and to accept service of process fliability company at the place designated in this certificate, I hereby acceptable.	for the above stated limited
registered agent and agree to act in this capacity. I further agree to come all statutes relating to the proper and complete performance of my duties and accept the obligations of my position as registered agent as provided Registered Agent's Signature (REQUIRED)	pply with the provisions of es, and I am familiar with
(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:

<pre>Title: "MGR" = Manager "MGRM" = Managing Member</pre>	Name and Address:
MGR	Gaetana Gucciardo 10030 53 rd ave. MH Que HE ONG
MGK.	Christiana Coscia 12230 53 rd ave. Mr. Que. HIE DAG
	
(Use attachment if necessary)	
	the date of filing: <u>Aug J. 3013</u> . (OPTIONAL) nust be specific and cannot be more than five business day g.)
REQUIRED SIGNATURE:	Just Cour D

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.)

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)