Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000200267 3)))



Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number: I2000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	



FLORIDA LIMITED LIABILITY CO. FAN INVESTORS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SEP 1 0 2013 T CLINE

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE HAMLE OF IN		•	
FAN Investore LLC	· _ · · ·		<u> </u>
	(Must and with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		· · ·
The mailing add	dress and street address of	the principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
330 SW 87TH AVE			
VIAMI, PL 33174			
ARTICLE III	- Registered Agent, Regis	stered Office, & Registered Ager	at's Signature:
ARTICLE III The Limited Liabilit business entity with	cy-Company cannot serve as its own an active Florida registration.) he Florida street address of	n Registered Agent. You must designate air to	at's Signature: 87
ARTICLE III The Limited Liabilit business entity with	cy-Company cannot serve as its own an active Florida registration.) he Florida street address of GUILLERMO A. ARRINDEL	n Registered Agent. You must designate an in f the registered agent are:	SSEL EL
ARTICLE III The Limited Liabilit business entity with	cy-Company cannot serve as its own an active Florida registration.) he Florida street address of GUILLERMO A. ARRINDEL	n Registered Agent. You must designate air in f the registered agent are: LL Name	SSEE FLO
ARTICLE III The Limited Liabilit business entity with	ry-Company cannot serve as its own an active Florida registration.) he Florida street address of GUILLERMO A. ARRINDEL	n Registered Agent. You must designate air in f the registered agent are: LL Name	ANSSEE FLORIO
ARFICLE III The Limited Liabilit business entity with	ry-Company cannot serve as its own an active Florida registration.) he Florida street address of GUILLERMO A. ARRINDEL	n Registered Agent. You must designate air to f the registered agent are: LL Name , #105	ANSSEE FLORIO

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.

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRIM	NELSON A. FRANCO DIEP - 75%
	330 SW 87TH PATH
	MIAMI, FL 33174
MGR	ALMA OLALLA - 12.5%
	330 9W 87714 PATH
	MAMI, FL 33174
MGR	FERNANDO FERNANDEZ - 12.5%
,	380 SW 87TH PATH
	MIAMI, FL 33174
	T S
	1-0
	57
(Use attachment if necessary)	
LE V: Effective date, if other than th	e date of filing:, (OPTI
ffective date is listed, the date mus	st be specific and cannot be more than five by
or 90 days after the date of filing.)	
	* ·
en e	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
- Venu	woor an authorized representative of a member.
Signature of a memb	
Signature of a month (In accordance with section 60 constitutes an affirmation under	enfor an authorized representative of a member. 8.409(3); Florida Stamtes, the execution of this document the penalties of perjury that the facts stated herein are an matical submitted in a document to the Department of State