

#13000150941  
OCT/25/2013/FRI 12:25 PM FAX No. 001  
10/24/13 Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000236618 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CHOAPA INVESTMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

CORRECTION TO MGRM PER CONVERSATION WITH  
JANET (EXPRESS CORPORATE FILING SERVICE INC.)

10/28/2013 KS

K. SALY  
EXAMINER  
OCT 28 2013

OCT/25/2013/FRI 12:25 PM

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850-817-6381

10/25/2013 9:52:29 AM PAGE 1/001 Fax Server



October 25, 2013

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: CHOAPA INVESTMENT LLC  
REF: W13000059399

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

The document submitted is missing the last page (signature page).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H13000236618  
Letter Number: 013A00024928

RECEIVED  
13 OCT 25 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHOAPA INVESTMENT 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:**

202 NE 65 STREET  
MIAMI, FL 33138

202 NE 65 STREET  
MIAMI, FL 33138

**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:

JOEL ROZAS

Name

202 NE 65 STREET

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

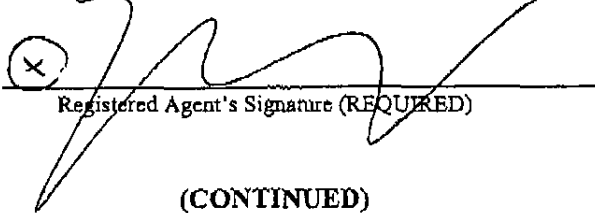
MIAMI

FL

33138

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)

FILED  
13 OCT 25 AM 8:44  
TALLAHASSEE, FLORIDA  
STATE DEPT OF STATE

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOEL ROZAS

202 NE 65 STREET

MIAMI, FL 33138

MGRM

CRISTHIAN CONTADOR

202 NE 65 STREET

MIAMI, FL 33138

MGRM

FRANCISCA A ROZAS-CRISTINO

202 NE 65 STREET

MIAMI, FL 33138

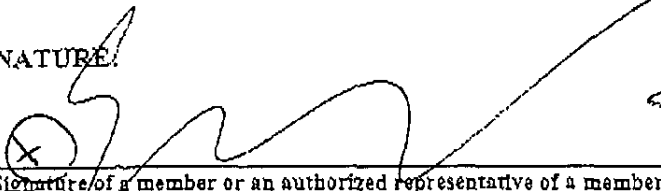
(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days**

**~~prior to or 90 days after the date of filing.~~**

**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.)

Joel Rozas

\_\_\_\_\_  
Typed or printed name of signer