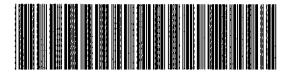
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# **COVER LETTER**

TO: Registration Section **Division of Corporations** 

CARESA INVESTMENTS, L.L.C

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please ret

Please return all correspondence concerning this matter to the following:
LUIS RENATO ROMERO
Name of Person
Firm/Company
13410 N LINCOLN AVE
Address
TAMPA, FL 33618
City/State and Zip Code  RENATOROMEROT@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUIS RENATO ROMERO at 813 777-6974
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}

### **Mailing Address**

\$125.00

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 Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:		
CARESA INVESTMENTS, L.L.C			
(Must end with the	e words "Limited Liability Co	mpany, "L.L.C.," o	or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	of the principal office of the I	imited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	į.	
13410 N. LINCOLN AVE	13410 N. /	LINCOLN AVE	
TAMPA, FL 33618	TAMPA, F		
ARTICLE III - Registered Agent, Re			
(The Limited Liability Company cannot another business entity with an active F		Agent. You must de	signate an individual or
The name and the Florida street address	of the registered agent are:		
LUIS RENATO RO	MERO	<del>.</del>	
	Name		
13410 N. LINCOLN	N AVE		
Florida street a	iddress (P.O. Box NOT accept	otable)	
TAMPA	FL <b>3</b> 3	618	
	City	Zip	
Having been named as registered agent the place designated in this certifical capacity. I further agree to comply wi of my duties, and I am familiar with a	te, I hereby accept the appoint ith the provisions of all statute	tment as registered e s relating to the pro ny position as regist	agent and agree to act in this per and complete performance
Register	ed Agent's Signature (REQU	IRED)	_
	(CONTINUED)		14 350 <b>14</b>
	Page 1 of 2		JAN +9 PL TANASSEE FI

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MANAGER	SANTIAGO DAVID ROMERO
	10020 STRAFFORD OAK COURT, APT 921
	TAMPA, FL 33624
MANAGER	LUIS RENATO ROMERO
	318 N LINCOLN AVE
	TAMPA, FL 33618
ective date is listed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 de
EV: Effective date, if other than the cective date is listed, the date must be of filling.)	
EV: Effective date, if other than the cective date is listed, the date must be of filling.)	e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sectionstitutes an affirmatic	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the of the date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sectionstitutes an affirmatic I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document
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E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmatical am aware that any false constitutes a third degree.	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjudy that the facts stated herein are true, e information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2

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SECRETARY DESTATE
TALLAHASSEE PLORING