## 114 00 6018748

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

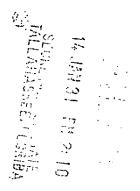
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J. Stavers FEB 0 3 2013



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M2 Investment Group,	LLC
Name of Limited Liability	
The enclosed Articles of Organization and fee(s) are submitted to	for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Jose A. Muñoz	
Name of P	erson
M2 Investment Group, I	LC
Firm/Com	pany
7300 N. Kendall Drive,	Suite 450
Addres	ss
Miami, Florida 33156	
City/State and	Zip Code
smartinez@bcceng.com  E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	ratare annual report notification,
Sonia A. Martinez 305	670-2350
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
	Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certifie	d Copy  copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)
	treet/Courier Address
	Legistration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314 2	661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
M2 Investment Group, LLC				
(Must end v	with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and street ac	Idress of the princi	ipal office of the Limited Liability Company is:		
Principal Office Address:	1	Mailing Address:		
7300 N. Kendall Drive, Suite 450		7300 N. Kendall Drive, Suite 450		
Miami, FL 33156		Miami, FL 33156		
<u> </u>				
(The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ctive Florida regis ddress of the regis		al or	
Jose A. Mul		Name	.1	
	-	7 m.c.	<b>=</b>	
<del></del>	street address (P.O	D. Box NOT acceptable)	್ಷತ್ತ <u>ಎ</u> .	
Miami		FL 33156	י מד	
<del></del>	City	Zip The Control of th		
the place designated in this ce capacity. I further agree to con	rtificate, I hereby a uply with the provis with and accept ti	ept service of process for the above stated limited liability accept the appointment as registered agent and agree to a sions of all statutes relating to the proper and complete pethe obligations of my position as registered agent as province that the contract of the proper and complete pethe obligations of the province of the province of the proper and complete pethes of the province of the pro	act in this erformance	

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR/MGR	Jose A. Muñoz
	7300 N. Kendall Drive, Suite 450
	Miami, Florida 33156
AMBR/MGR	Ariel Millan
	7300 N. Kendall Drive, Suite 450
	Miami, Florida 33156
<del></del>	
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the certive date is listed, the date must be filling.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the octive date is listed, the date must be filling.) E VI: Other provisions, if any.	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than the octive date is listed, the date must be filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90  member or an authorized representative of a member.
E V: Effective date, if other than the octive date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections)	member or an authorized representative of a member.
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