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.

(((H140000293183)))



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

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Division of Corporations

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: (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future address please.\*\*

FLORIDA LIMITED LIABILITY CO. 31ST PLACE INVESTMENT, LLC

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Division of Corporations

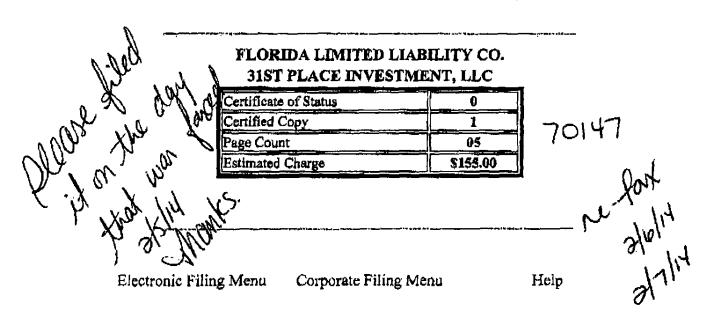
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634~3694
Fax Number : (305)633~9696

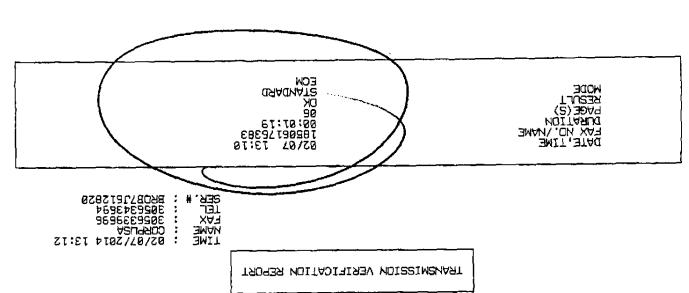
\*\*Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.\*\*

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February 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 31ST PLACE INVESTMENT, LLC

REF: W14000007809

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.

The first page of the Articles of Organization is not legibility.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000029318 Letter Number: 914A00002787

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14 FEB 11 PM 3: 06
3ECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

·			
ARTICLES	DFONGANIZATION FOR F	LORIDA LIMITIED LIABILITY CO	MPANY
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		
31st Place In	vestment, Li	e, a Florida li	mitted liability
(Must end	1 with the words "Limited	Liability Company, "L.L.C.," or	TLC.")
ARTICLE 11 - Address: The mailing address and street	address of the principal of	ffice of the Limited Liability Com	pany is:
Principal Office Address:	1 .	Mailing Address:	
848 Brickell twe	ne seizis	848 Brickell Au	ane soile 1215
1-149 min RL 331	<u> </u>	Higmi FC 35	131
	ly cannot serve as its own	& Registered Agent's Signature Registered Agent. You must design.)	
The name and the Florida stree	Caddress of the regimered	agent are:	Zo -
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31	91 Coral 1	Way Ste 106	SST
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<u>. H.</u>	iam! FL	33145 Zip	
::	Chy	Zip	
the place designated in this capacity. I further agree to c	certificate. I hereby accept omply with the privisions i lar with and accept the object	vice of process for the above state (the appointment as registered age of all statutes relating to the prope ligations of my position as registere or 603, F.S.	ent and agree to act in this r and complete performance
programme,	Registered Agent's Signat	ure (REQUIRED)	
		· · · · · · · · · · · · · · · · · · ·	
	(CONTINUI	ED) .	
	There i and the		

## Atticle IV - Manager(s) or Managers Member(s)

The name and address of each Manager is:

Title

Manager Member

Name and Address

Rafael Cedeño 848 Brickell Avenue, Suite 1215 Miami, FL 33131

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<u>Title</u>

Name and Address

Manager Member

Alfredo Borges 848 Brickell Avenue, Suite 1215 Miami, FL 33131

## Article V - Effective Date

31<sup>S1</sup> Place Investment, LLC., a Florida limited liability company is effective as of the filing date.

SIGNATURE:

Authorized Signator - Bargel Cedeño

Authorized Signator Alfredo Borges

(in accordance with section 605.0203 (1) (b), 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 \$.517.155, F.S.)

H14000009318

Rafuel Cedello

Afredo Borges

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