

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (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 annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 1407 INVESTMENTS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK

FEB 2 6 2014 Help

EXAMINER

2/25/2014

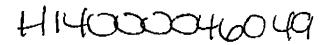
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PAGE 01/04

CORPUSA

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1407 INVESTM Name of Lin	MENTS LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	safter to the following:	
CRISTINA P	Name of Person	
_ Sen Deuernem	TENTS N.C.	
PO BOX 456	7 Address	
FT. LAUDEROBLE	FC : 3333 B City/Stute and Zip Code	
SCO5 Obellsort	717 - 102 - L	tion)
For further information concerning this matter, plea	_	्रें क्षेत्र जन
DEBBY TEFRA at (Aren Code Daylime Tel	237 Isphone Number 3
Enclosed is a check for the following amount:		معده الأراب ميلو
S125.00 Filing Fee \$\overline{\subset}\$\$ S125.00 Filing Fee \$\overline{\subset}\$\$ Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Couries Add Registration Section Division of Corpora	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

H1400000416049

P.O. Box 6327 Tollahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE t - Name: The name of the Limited Liability Company is:		
1407 INVESTIMENTS (Must end with the words "Limited L	LLC, iability Company, "L.L.C.," or "LLC.	<u>")</u>
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company i	is:
Principal Office Address:	Mailing Address:	
941 NE 1974 AVE Fr. LAUDEDALE FL. 33304	PO BOX 4567 FT LAUDENDANE FLY	333 8
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate:	an individual or
The name and the Florida street address of the registered a	OIS M	
941 NE 1974 A	NOT acceptable)	
FT / AUDEZODLE City	rl <u>33304</u> zip	
Having been named as registered agent and to accept serv the place designated in this certificule, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig (hapte	the appointment as registered agent an fall statutes relating to the proper and	d agree to act in this complete performance
Registered Agent's Signan	Addisu ire (REQUIRED)	
(CONTINUE	ED)	
Page 1 of 2		25 A 9 50

PHOOPERCOPIH

Tide:	Nume and Address:	
"AMBR" = Authorized Member		
"MGR" = Managow	Brigaines America	
CLMGR	CRISTING HOOKSOU	
	PT LAUDERDAUE FL 33304	
	FI. CHOPENIAR FI (SAN)	
	<u>-</u>	
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(Use attachment if necessary)		
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of filing.)	and cannot be more than five business days	
of filing.) CE VI: Other provisions, if any.		
LE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	2° sor	
REQUIRED SIGNATURE: Signature of a member	SOL	ışr.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020.	or an anthorized representative of a memb 3 (i) (b), Florida Statutes, the execution of the	er. is document
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020, constitutes an affirmation under the	or an anthorized representative of a memb 3 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated herein	per. is document arc true.
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