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To:

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.

Email Address:

FLORIDA LIMITED LIABILITY CO. 1405 INVESTMENTS LLC

| Estimated Charge | \$130.00 |
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| Page Count | 04 |
| Certified Copy | 0 |
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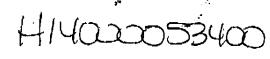
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CORPUSA

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COVER LETTER

| TO: Registratio Division of | n Section Corporations | | |
|---|--------------------------------|---|---|
| SUBJECT: | 1405 INVEST | MENTS LLC mitted Liability Coropany | |
| The enclosed Article | s of Organization and fec(s) a | re submitted for filing. | · |
| Please realm all corr | espondence concerning this n | natter to the following: | |
| | CRISTINA | Booison | |
| - | | Name of Person | |
| | SCD DEUGL | PHENTS INC | |
| | _ , | Firm/Company | |
| 900,00000000000000000000000000000000000 | PO BOX 456 | | |
| | | Address | |
| | FT LAUDERDA | UE FIL 33338 | |
| | | in/State and Zip Code | |
| | 605@ Belis | NTH NET d for finure annual report politic | <u> </u> |
| | E-mail address: (to be use | d for future annual report potific | ution) |
| For further informatic | n concerning this matter, ple | ase call: | Ţ.r. |
| DERBY V | C 112A at (| 954 525-12 Area Code Daytime Te | 37 |
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| | or the following amount: | | |
| \$125.00 Filing Fæ | Curtificate of Status | S155,00 Filing Fee & Certified Copy (additional copy is enclused) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Ding Address istration Section | Street/Courier Add Registration Section | <u>ress</u> |

Registration Section
Division of Corporations
P.O. Box 6327
Talluhassee, FL 32314

Street/Conrier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

414020053460

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|--|-------------------------------------|
| 1405 NVESTMENTS (Must end with the words "Limited L | LLC" or "LF.C.") | ~ |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| GUI NE IGTH AVE STE301 ET HAUDEROBLE EL 33904 | - PO PON JE TO TO THE PT. 33 | 338 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. | legistered Agent. You must designate an indi | hvidual or |
| The name and the Florida street address of the registered a | gent are: | |
| <u>Cristina</u> Ad | 018214 | |
| Name Clark | у Л . — | |
| Florida struct address (P.O. Box N | AVC | |
| FT. LAWDEPCALE | 2220) | |
| City | FL 30307 Zip | |
| Having been named as registered agent and to accept sorvi the place designated in this certificate, I haveby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familian with and accept the oblig Chapter | he appainiment as registered agent and agree all statutes relating to the proper and comple | e to act in this eta parformance |
| X C Millie Stat | of the outre of | 2014 ISAR |
| Seminari Agores Signatu | re (R)(QUIRED) | |
| (CONTINUE) | D) | |
| Page 1 of 2 | | M 9 1 |
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| <u>Title:</u> | Name and Address: | | |
|--|---|---------|---------------|
| AMBR" = Authorized Member | | | |
| 'MGR" = Manager MC7 2 | EDISTING ADDISONS | | |
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