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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: C.E.M.A. Investment Properties. LLC Name of Limited Liability Company	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Carmen R Sosa	
	Name of Person	2014 APN 25
	Firm/Company	% 25 TARY ASSER
	540 West 77th Street	
	Address Hialeah, FL 33014	LIGRIDS STATE
	City/State and Zip Code	
_	zsosa@aol.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call:	
<u>Elizat</u>	beth Sosa Perez at (305) 342-0022 . Name of Person Area Code Daytime Telephone	Number
Enclos	used is a check for the following amount:	
□ \$125.0	Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy ional copy is enclosed)

Mailing Address
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

C.E.M.A. Investment Properties. LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 540 West 77th Street Hialeah, FL 33014 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Elizabeth Sosa Perez Name 540 West 77th Street Florida street address (P.O. Box NOT acceptable) Hialeah FL 33014 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	ARTICLE I - Name: The name of the Limited Liability Company is:		2014 A
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Registered Agent's Signature (REQUIRED)	the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	the appointment as registered agent and a fall statutes relating to the proper and co gations of my position as registered agen	agree to act in this omplete performance
	Registered Agent's Signatu	ire (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	Elizabeth Sosa Perez 540 West 77th Street Hialeah, FL 33014
"MGR" = Manager	
MGR	Elizabeth Sosa Perez
	540 West 77th Street
	
	<u></u>
(Use attachment if necessary) E.V. Effective data if other than the data	re of filing: (OPTIONAL)
LE V: Effective date, if other than the dat fective date is listed, the date must be so of filing.) LE VI: Other provisions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the dat fective date is listed, the date must be so of filing.) LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. a manager managed company REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the date fective date is listed, the date must be sported filing.) LE VI: Other provisions, if any. a manager managed company REQUIRED SIGNATURE: Signature of a manager with section 6 constitutes an affirmation unce 1 am aware that any false info	pecific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the date fective date is listed, the date must be spond of filing.) LE VI: Other provisions, if any. a manager managed company REQUIRED SIGNATURE: Signature of a manager with section 6 constitutes an affirmation unce 1 am aware that any false info	pecific and cannot be more than five business days prior to or 90 compensations and authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-