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FLORIDA LIMITED LIABILITY CO.
CHENIQUE INVESTMENTS LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

OF

CHENIQUE INVESTMENTS LLC.

The undersigned subscribers to these Articles of Organization, natural persons competent to contract, hereby form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I-NAME

The name of the Limited Liability Company is **CHENIQUE INVESTMENTS LLC.**

ARTICLE II-ADDRESS

The mailing address and initial street address of the principal office of this Limited Liability Company is:

19964 S.W. 3 Place
Pembroke Pines, FL 33029

**ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent is:

WALKIRIA TRAVIESO
19964 S.W. 3 Place
Pembroke Pines, FL 33029

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 obligation of my position as registered agent as provided for in Chapter 608, F.S..


WALKIRIA TRAVIESO, Registered Agent

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Pembroke Pines, FL 33029

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ARTICLE IV-MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or managing Member is as follows:

WALKIRIA TRAVIESO- Managing Member
19964 S.W. 3 Place
Pembroke Pines, FL 33029

ARTICLE V-EFFECTIVE DATE

These Articles of Organization for Florida Limited Liability Company shall be effective upon acceptance by the Secretary of State.

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed this foregoing Articles of Organization for Florida Limited Liability Company under the laws of the State of Florida, this 27 day of May, 2014.



WALKIRIA TRAVIESO

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CLERK OF STATE

STATE OF FLORIDA)
:SS
COUNTY OF MIAMI- DADE)

BEFORE ME, the undersigned authority, personally appeared, WALKIRIA TRAVIESO, to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following forms of identification of the above-name person: Florida ID

WITNESS my hand and official seal, this 27 day of May, 2014, in the County and State aforesaid.


NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
My commission expires:

