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14 JUN -4 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 5 2014

T. BROWN

~~11/11/3/2/16~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mi Casa USA Investments, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Dunia Suarez De Garcia  
Name of Person

Mi Casa USA Invetments, LLC  
Firm/Company

4401 Leto Lake Blvd # 104  
Address

Tampa, FL 33614  
City/State and Zip Code

dunia.suarez@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Dunia Suarez De Garcia at ( 727 ) 465-4242  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2014

MARIA DUNIA SUAREZ DE GARCIA  
SKYLINE INVESTMENT, LLC  
4401 LETO LAKE BLVD #104  
TAMPA, FL 33614

SUBJECT: SKYLINE INVESTMENT, LLC  
Ref. Number: W14000031246

We have received your document for SKYLINE INVESTMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : SKYLINE INVESTMENTS, LLC, document number L01000017171.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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

Letter Number: 914A00010648

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mi Casa USA Investments, 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:

4401 Leto Lake Blvd # 104  
Tampa FL 33614

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:

Maria Dunia Suarez De Garcia

Name

4401 Leto Lake Blvd # 104

Florida street address (P.O. Box NOT acceptable)

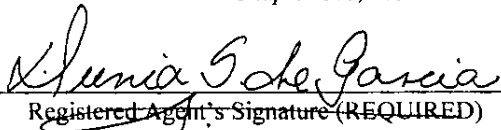
Tampa

City

FL 33614

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PSTD \_\_\_\_\_

MGR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Maria Dunia Suarez De Garcia

4401 Leto Lake Blvd # 104

Tampa Fl 33614

Angel E Garcia

4401 Leto lake Blvd #104

Tampa Fl 33614

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

Maria D. Suarez De Garcia

~~Signature of a member or an authorized representative of a member.~~

(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 s.817.155, F.S.)

MARIA DUNIA SUAREZ DE GARCIA

Typed or printed name of signee

**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)