

04/23/2032 06:08
01/2/2014

#6287 P.001/003

L140000094741

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000140186 3)))



H1400014018634B0Z

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****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.
MASTER CHIEF INVESTMENTS LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

14 JUN 12 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 12 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 13 2014

T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MASTER CHIEF 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:6345 NW 99TH AVE
DORAL, FL. 33178Mailing Address:6345 NW 99TH AVE
DORAL, FL. 33178

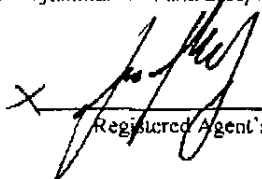
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

JUAN COMAS
Name
6287 NW 109TH AVE
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33178
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 603, F.S.

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2014 JUN 12 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000140186

H14000140186

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

JUAN COMAS

6287 NW 109TH AVE

MIAMI, FL 33178

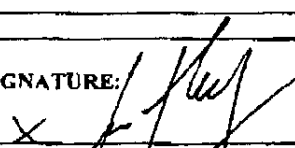
(Use attachment if necessary)

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:

X 

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.)

JUAN COMAS

Typed or printed name of signee

2014 JUN 12 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000140186