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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

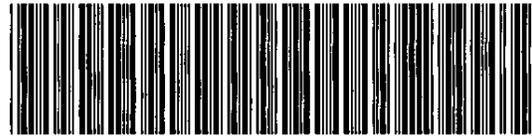
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers JUN 16 2014

FILED
14 JUN 13 AM 10:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



SCHATZMAN & HOVANYECZ, P.A.

3475 Sheridan St. #301, Hollywood, FL 33021 • (954) 418-2296 • www.shlawpa.com

June 9, 2014

Via U.S. mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Florida Investments 812, LLC (new filing)
Florida Investments 1612, LLC (new filing)
Florida Investments 334, LLC (amendment)

Dear Sir or Madam:

Enclosed please find the following filings together with payment for each respective filing:

1. Articles of Organization for FLORIDA INVESTMENTS 812, LLC, together with check number 1134 in the amount of \$125.00;
2. Articles of Organization for FLORIDA INVESTMENTS 1612, LLC, together with check number 1133 in the amount of \$125.00;
3. Articles of Amendment filing for FLORIDA INVESTMENTS 334, LLC, together with check number 1132 in the amount of \$25.00.

Should you have any questions, please do not hesitate to contact us.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'Zoltan Hovanyecz', with a long horizontal line extending to the right.

Zoltan Hovanyecz, Esq.

cc: Gavin Henry

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA INVESTMENTS 812, 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:

Zoltan Hovanyecz, Esq.
Name of Person

Schatzman & Hovanyecz, P.A.
Firm/Company

3475 Sheridan Street, #301
Address

Hollywood, Florida 33021
City/State and Zip Code

zoltan@shlawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoltan Hovanyecz, Esq. at (954) 418-2296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA INVESTMENTS 812, 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:

903 Charo Parkway
Davenport, Florida 33897

903 Charo Parkway
Davenport, Florida 33897

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.)

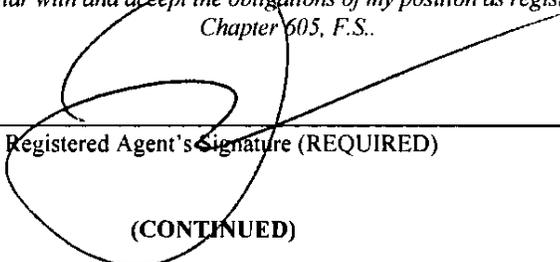
The name and the Florida street address of the registered agent are:

Zoltan Hovanyecz, Esq.
Name

3475 Sheridan Street, #301
Florida street address (P.O. Box **NOT** acceptable)

Hollywood City FL 33021 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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SECRETARY OF STATE
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

MGR

Name and Address:

Gavin Henry

2321 NW 30th Court

Oakland Park, Florida 33311

(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:

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.)

Zoltan Hovanyecz, Esq.

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
14 JUN 13 AM 11:39
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