## 6/17/2014 13 Division of Corpo

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*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. Everglades International Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 1 8 2014

T. HAMPTON

6/17/2014

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	SUBJECT: Everglades International Investments, LLC  Name of Limited Liability Company				
The er	aclosed Articles of Organization and fee(s) a	re submitted for filing.			
Picase	return all correspondence concerning this n	natter to the following:			
	Ausha Arnold	Name of Person			
		Name of Person			
	NRAI Services, Inc.	Firm/Company			
		гипусовралу			
	8040 Excelsior Drive, Suite 200				
		Address			
	Madison, WI 53717				
	(	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)				
For fu	For further information concerning this matter, please call:				
	Name of Person	Area Code Daytime Tel	ephone Number		
Enclos	ed is a check for the following amount:				
	00 Filing Fee \$\Bigcip\$\$130.00 Filing Fee &\Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$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, F1. 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions er Circle		

7210 N Manhattan Ave, Apt 64  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.)	ARI	TICLES OF ORGANIZATION FO	OR FLORIDA LIN	WITED LIABILITY	COMPANY	
(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:  7210 N Manhattan Ave, Apt 64  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 registered agent are:  NRAI Services, Inc.		ed Liability Company is:				
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  7210 N Manhattan Ave, Apt 64  Tampa, FL 33614  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cunnot 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:  NRAL Services, Inc.	Everglades Internation	nal Investments, LLC Must end with the words "Limi	ted Liability Co	mpany, "L.L.C.," c	or "LLC.")	
Principal Office Address:  7210 N Manhattan Ave, Apt 64  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:  NRAL Services, Inc.			al office of the I	imited Lisbility Co	amnany is:	
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	(The Limited Liability another business entity	Company cannot serve as its or with an active Florida registration ideastreet address of the registe NRALS	wn Registered / ntion.) red agent are: ervices, Inc.			
· · · · · · · · · · · · · · · · · · ·		• • •		•		
1200 South Pinc Island Road Florida street address (P.O. Box NOT acceptable)						
Plantation FL 33324		<u>Plantation</u>	FL	33324		
City Zip		City		Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability composite place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S  NRAI Services, Inc.  By:  Registered Agent's Signature (REQUIRED)	the place designate capacity. I further a	ed in this certificate, I hereby act gree to comply with the provision am familiar with and accept the Cl NRAI Scrvices, Inc.	cept the appoint ons of all statutes obligations of napter 605, F.S  Le Beguignature (REQUI	ment as registered is relating to the pro ty position as register RED)	ayent and agree to act in the per and complete performatered agent as provided for the complete general for the complete	nis ance in
Danijela Byers, Asst. Secreta			Da	urlera paer	s, Asst. Secreta	тÀ

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Luven Alexander Aranzabel Giordano			
MGR				
<del> </del>	7210 N Manhattan Avc Apt 64			
	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 an the date of filling.)	d cannot be more than five business days prior to or 90 days after			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	3			
(In accordance with section 605.0203 (	an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document nattics of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)			

Brent Buscav, Organizer
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)

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