

# L1400018786556

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To:

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

Effective Date

8/7/14

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. ARROW INVESTMENTS TEAM LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

# 2ND REQUEST

RECEIVED

14 AUG 11 AM 6:47

DIVISION OF CORPORATIONS  
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14 AUG 11 AM 7:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Effective Date

8/1/14

#0500 P.002/003

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Arrow Investments Team 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:6993 N.W. 82 Avenue Bay # 30  
Miami Florida 331666993 N.W. 82 Avenue Bay # 30  
Miami Florida 33166

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Carlos Daniel Rando

Name

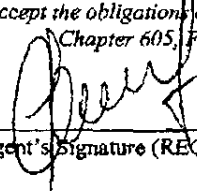
6993 North West 82 Avenue Bay # 30Florida street address (P.O. Box NOT acceptable)Miami

City

FL 33166

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Carlos Daniel Rando

6993 N.W. 82 Avenue

Miami Florida 33166

AMBR

Fernando Monteiro

19611 East Oakmont Drive

Miami Florida 33015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/07/2014 (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.)

Carlos Daniel Rando

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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