Division of Corporations



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Division of Corporations Electronic Filing Cover Sheet

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701	Division of Corporations Fax Number : (850)617-6383	
From:		127 18
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092	20 20 20 20 20 20 20 20 20 20 20 20 20 2

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: (850)878-5368

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FLORIDA LIMITED LIABILITY CO. CAYMA Investments LLC

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S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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	on Section f Corporations		
SUBJECT: <u>Cay</u>	MA Investments LLC Name of Li	mited Liability Company	
	es of Organization and fee(s) a	_	
<u>Ausha</u>	Amold		
		Name of Person	
Nations	il Registered Agents, Inc.		FALL SEC
-,		Firm/Company	원등 8 경구
<u>8040 E</u>	xcelsior Drive, Suite 200		<u> </u>
Madiso	n, WI 53717	Address	11:5 A 9:4 B 9:5 A 9:5 A
		City/State and Zip Code	3m 8
_franz_marti@s	mail.com E-mail address: (to be use	ed for future annual report notifies	ation)
For further informat	ion concerning this matter, ple		
N	ame of Person	Area Code Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
3125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐\$155.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D	Rilling Address registration Section revision of Corporations O. Box 6327	Street/Courier Adda Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

	ICLES OF ORGANIZATION FO	KITOKIDA LIV	HED FIVERITH A COME	ANY
ARTICLE I - Name: The name of the Limit	ed Liability Company is:			
CAYMA Investments	LLC Must end with the words "Limit	ed Liability Cor	many "I I C " or "I I	<u> </u>
`	The state of the s	ee maonity coi	mpany, inthen, or EL	C. ,
ARTICLE II - Addre The mailing address at	ess: and street address of the principa	l affice of th e Li	imited Liability Compan	y is:
Principal Office Add	C£35:	Mailing A	Address:	
9609 Scaview Dr. Apt. 202		same		
Leesburg, FL 34768				
(The Limited Liability another business entity	tered Agent, Registered Offic Company cannot serve as its over y with an active Florida registra ida street address of the register NRAI Se Nai	on Registered A tion.) ed agent are: ervices, Inc.		e an individual or
	1700 South P	ine Island Road		一語の
	Florida street address (P.O. B			国の国
	Plantation	FL.	33324	2012 な
	City		Zip	인표 영
the place designate capacity. I further a	is registered agent and to accept ad in this certificate, I hereby acc gree to comply with the provision um familiar with and accept the Ch NRAL Sorvices, Inc. By:	ept the appointm ns of all statutes abligations of m apter 605, F.S.	neint as registered agent a relating to the proper an y position as registered a ela Byers	ind agree to act in this d complete performance

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Francisco Martignon B
	9609 Scaview Dr., Apt. 202 Leesburg, FL 34768
	Exemples 1 to 24 PM
MGR	Cristina Cadavid S
	9609 Scaview Dr., Apt. 202 Leesburg, FL 34768
	Leesburg, FL 34/08
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must bof filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the active date is listed, the date must bof filing.)	date of filing: (OPTIONAL.) se specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false is	e specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the serive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree Brent Buscay \$125.00 Filling Fee for Articles of \$30.00 Certified Copy (Options	member or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) y. Organizer Typed or printed name of signee Filling Fees: Torganization and Designation of Registered Agent