

DEC/09/2014/TUE 02:07 PM

FAX No.

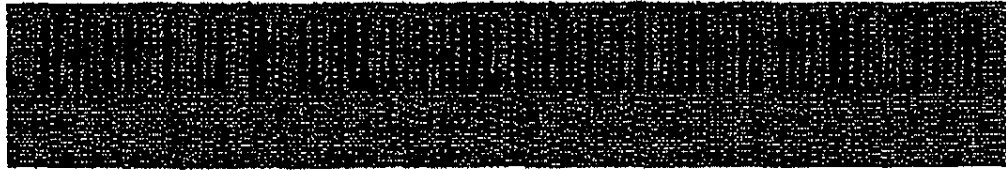
P. 001

L14000188069

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.

(((H1400027868I 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****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.
1230 INVESTMENT GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

14 DEC -9 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

FILED

2014 DEC -9 AM 8:16

DEC/09/2014/TUE 02:21 PM

FAX No.

P.002

850-617-6381

12/4/2014 8:20:13 AM PAGE 1/001 Fax Server



December 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: 1230 INVESTMENT GROUP LLC
REF: W14000072197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000278681
Letter Number: 814A00025495

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1230 INVESTMENT GROUP 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:C/O JORGE VALDIVIESO
17505 PINES BLVD
PEMBROKE PINES, FL 33029C/O JORGE VALDIVIESO
17505 PINES BLVD
PEMBROKE PINES, FL 33029

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:

JORGE VALDIVIESO

Name

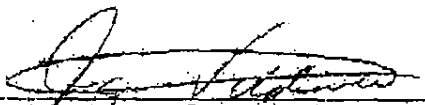
17505 PINES BLVDFlorida street address (P.O. Box **NOT** acceptable)PEMBROKE PINES

City

FL 33029

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)FILED
2014 DEC -9 AM 8:16
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

MGRM**Name and Address:**Jose Carlos Schroth Parra Del Riego17505 PINES BLVDPEMBROKE PINES, FL 33029MGRMErika Maria Schroth Cafferata17505 PINES BLVDPEMBROKE PINES, FL 33029MGRMJose Carlos Schroth Cafferata17505 PINES BLVDPEMBROKE PINES, FL 33029

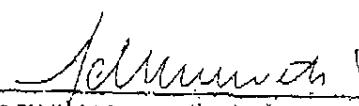
(Use attachment if necessary)

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. 817.135, F.S.)

Jose Carlos Schroth Parra Del Riego

Typed or printed name of signee

 FILED
 2014 DEC -9 AM 8:16
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA