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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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T. Burch DEC 1 1 2014"

COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ECT: <u>Brother</u>	's Investment Ventures, LI Name of Lin	.C nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Suzette \	V. Diaz		
			Name of Person	
	Brothers	Investment Ventures, LLC		
			Firm/Company	
	8460 SV	/ 2nd ST		
		· · · · · · · · · · · · · · · · · · ·	Address	
	<u>Miami, F</u>		City/State and Zip Code	-
21	uzioudioz@am		niji Biato ana Zip Godo	
<u>-21</u>	uzievdiaz@gm	E-mail address: (to be use	d for future annual report no	tification)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>Suzet</u>	te V. Diaz	at (_		TalankanaNinakan
	Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclose	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street/Courier	Address
		istration Section	Registration Sec	
		ision of Corporations . Box 6327	Division of Corp Clifton Building	
		ahassee, FL 32314	2661 Executive	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Brothers Investment Ventures, LLC			
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Brothers Investment Ventures, LLC 8460 SW 2nd ST	Brothers Investment Ventures, LLC 8460 SW 2nd ST	<u> </u>	
Miami, FL 33144	Miami, FL 33144		
another business entity with an active Florida reg The name and the Florida street address of the reg Suzette V. Diaz		14 OEC -4 SECRETAR TALLAHASS	
	Name	(m)(
8460 SW 2nd ST	O Des NOT constitution		
riorida street address (P	O. Box NOT acceptable)	PH 4: 30 OF STATE E. FLORIDA	
<u>Miami</u>	FL 33144	음년 경	
City	Zip	➤	
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	ccept service of process for the above stated limited l by accept the appointment as registered agent and ag visions of all statutes relating to the proper and com of the obligations of my position as registered agent a Chapter 605, F.S.	ree to act in t plete perform	his ance
Suze	tte V. Diaz		
Pagistared Count	'a Signatura (DEOI MDED)		

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Membe	•
"MGR" = Manager	
MGR, AMBR	Suzette V. Diaz
	8460 SW 2nd ST
	Miami, FL 33144
AMBR	Juan P. Nunez
ZMURIN	8460 SW 2nd ST
	Miami, FL 33144
	8460 SW 2nd ST Miami, FL 33144 ASS LEAD Miami, FL 33144 ASS LEAD Miami, FL 33144
	<u> </u>
	E. FLORID
	
	<u> </u>
(Use attachment if necessary) LE V: Effective date, if other that	
LE V: Effective date, if other than	the date of filing: 12-01-2014 . (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other that fective date is listed, the date in	the date of filing: 12-01-2014 (OPTIONAL)
LE V: Effective date, if other that fective date is listed, the date m of filing.) LE VI: Other provisions, if any.	the date of filing: 12-01-2014 (OPTIONAL)
LE V: Effective date, if other that fective date is listed, the date m of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing: 12-01-2014 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing: 12-01-2014 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any files.)	the date of filing: 12-01-2014 (OPTIONAL)
LE V: Effective date, if other that fective date is listed, the date m of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any files.)	Sugette V. Diag of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)