L1400012195

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
- • .	Office Use Or	ntv



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2014 DEC 15 P 4: 05
SECRETARY OF STATE

B. BOSTICK
DEC 17 2014
EXAMINER

COVER LETTER

TO:	Registration Division of	ı Section Corporations			
SUBJE	ст: <u>Тіл</u>	der box Inv Name of Li	estments, LC. mited Liability Company	-	
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.		
Please	return all corre	spondence concerning this n	natter to the following:		
	Cecilia M	farie Widman			_
			Name of Person		
	<u></u>		Firm/Company		_
	485 SE S	Starfish Ave.			_
			Address		
	Port St. L	ucie, FL 34983		<u> </u>	.
		•	City/State and Zip Code	Fee s	
<u>ra</u>	venblueyes2(@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)	ਤੱ <u>'</u>
For fur	ther informatio	on concerning this matter, ple		m m → c	ה לה ה
Cecilia	Widman	at (772) 342-3434	LOR LOR	F .
Ocome		me of Person		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enclose	ed is a check fo	or the following amount:			
1 \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	
1.		iling Address gistration Section	Street/Courier Add Registration Section	res <u>s</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with	the words "Limi	LLC. ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	ss of the principa	l office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
485 SE Starfsh Ave.		485 SE Starfish Ave.
Port St. Lucie, FL 34983		Port St. Lucie, FL 34983
ARTICLE III - Registered Agent,		ce, & Registered Agent's Signature:
ARTICLE III - Registered Agent,	not serve as its or re Florida registress of the register	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.) red agent are:
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street addi	not serve as its or re Florida registress of the register	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.) red agent are:
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street address Cecilia Wid	not serve as its or Florida registress of the registeman Na	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.) red agent are:
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street address Cecilia Wid	not serve as its or Florida registress of the registeman Na	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.) red agent are:
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ The name and the Florida street address Cecilia Wid	mot serve as its or Florida registress of the registeman Natrish Ave. et address (P.O.	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.) red agent are:

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)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	4.10 11 11 11 11 11 11 11 11 11 11 11 11 1
"MGR" = Manager	
Manager/ Owner	Cecilia Widman
	485 SE Starfish Ave.
,	Port St. Lucie, FL 34983
Managerlowner	Tura Aliviani
Managenowner	Susan Olivieri 485 S.E. Starfish Ave.
	Port St. Lucie, FL. 34983
	Port St. Carie, 1-L. 347 X3
	AR OF THE CO.
	>
	38 5 m
	722
(Use attachment if necessary) E.V: Effective date, if other than the date	of filing: . (OPTIONAL)
E V: Effective date, if other than the date	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)	of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after Lambda Clivierie
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after Lauran Olivieri ember or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 6)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after Lambda Clivierie

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)