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.

Electronic Filing Cover Sheet

(((H15000001965 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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. LIMI INVESTORS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing N

Help

#5844 P. 002/003 H 1 5 0 0 0 0 0 1 9 6 5

ARTICLE I - Name: The name of the Limited Lia	bility Company is:	·
Lim	i INVESTORS,I	LLC
(Must	end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stro	et address of the princip	oul office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
5805 BLUE LAGO	ON DR	5805 BLUE LAGOON DR
STE # 300 MIAMI,FL 3312	6	STE # 300 MIAMI, FL 33126
another business entity with	an active Florida regist	
another business entity with The name and the Florida str	an active Florida regist	ration.)
another business entity with The name and the Florida str	an active Florida regist rect address of the regist UIS A. VIGO N	ration.) Gered agent are:
another business entity with The name and the Florida str	an active Florida regist rect address of the regist UIS A. VIGO N 805 BLUE LAGO	tered agent are: lame DON DR STE # 300
nother business entity with The name and the Florida str	an active Florida regist rect address of the regist UIS A. VIGO N	ration.) tered agent are: lame DON DR STE # 300 Box NOT acceptable)
The name and the Florida str	an active Florida regist rect address of the regist UIS A. VIGO N 805 BLUE LAGO	tered agent are: lame DON DR STE # 300

Page 1 of 2

15 JAN -5 AM 8: 01

H 1 5 0 0 0 0 0 19 65

Tide:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager AMBR	LUIS A. VIGO
	5805 BLUE LAGOON DR STE # 300
	MIAMI, FL 33126
	- Aller - Alle
CFT-> amounts some 16 man	
(Use attachment if necessary)	
er ann 1986, ann an dean 18 aige an dean de air de	
ective date is listed, the date must be s of filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be s if filing.)	specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be s if filing.)	specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be sof filling.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a file of the section constitutes an affirmation under a many false infi	hymber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, formation submitted in a document to the Department of State eny as provided for in 5.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a grant constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	institute or an authorized representative of a member. obs.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, bornation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a grant constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	hypher or an authorized representative of a member. 5005.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, brination submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a grant constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	hydref or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, brination submitted in a document to the Department of State only as provided for in s.817.155, F.S.) A. VIGO Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a grant constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	hydroef or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) A. VIGO Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a grant constitutes an affirmation un I am aware that any false inficonstitutes a third degree felo	hydroef or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penaltics of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) A. VIGO Typed or printed name of signee
REQUIRED SIGNATURE: (In accordance with section under amount of a may amount amount of a may	hydref or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, brination submitted in a document to the Department of State only as provided for in s.817.155, F.S.) A. VIGO Typed or printed name of signee