

L15000065598

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****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.
CARIBBEAN TRUST INVESTMENT, LLC**

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

15 APR 15 PM 12:20
FILED
STATE OF FLORIDA
TALLAHASSEE

15 APR 15 AM 10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SERVICES



April 15, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: CARIBBEAN TRUST INVESTMENT, LLC
REF: W15000025889

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H15000091080
Letter Number: 015A00007406

FILED
15 APR 15 AM 10:00
BUREAU OF CORPORATE
REGISTRATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARIBBEAN TRUST INVESTMENT, 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:

165 EMERALD CREEK TERRACE UNIT 165
PLANTATION, FL 33325

165 EMERALD CREEK TERRACE UNIT
PLANTATION, FL 33325

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:

YVANOSKY ADOLFO OBREGON

Name

0165 EMERALD CREEK TERRACE, UNIT 165

Florida street address (P.O. Box NOT acceptable)

PLANTATION

City

FL

State

33325

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)

(CONTINUED)

FILED
15 APR 15 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

H15000091080

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

YVANOSKY ADOLFO OBREGON
165 EMERALD CREEK TERRACE, UNIT 165
PLANTATION, FLORIDA 33325

MGR

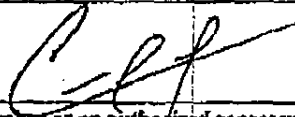
KAREN LEYRE ORTEGA
155 EMERALD CREEK TERRACE, UNIT 165
PLANTATION, FLORIDA 33325

(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. 817.155, F.S.)

YVANOSKY ADOLFO OBREGON
Typed or printed name of signer