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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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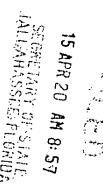
Office Use Only



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J. SHAVETE APR 28 2015



COVER LETTER

Division of Corporations	
SUBJECT: New Burgundy Investments, LL	
Name of L	Limited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Roberto E. Duarte	
	Name of Person
	Firm/Company
333 Sarto Ave	
330 Dans / WO	Address
Coral Gables, Fl. 33134	City/State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pl	lease call:
V	(305) 298-6343
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
New Burgundy Investments, 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 or	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
333 Sarto Ave.	333 Sarto Ave.
Coral Gables, Fl 33134	Coral Gables, Fl 33134
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered	Registered Agent. You must designate an individual or n.)
Roberto E. Duarte	
Name	
333 Sarto Ave.	
Florida street address (P.O. Box	(NOT acceptable)
Coral Gables	FL 33134
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object.	rvice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S.
ReDoad	15 AP
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	ED)
Page 1 of 2	8: 57 SIAIC JORIDA

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Roberto E Duarte
	333 Sarto Ave
	Coral Gables, Fl 33134
ctive date is listed, the date must be s	te of filing: <u>4/16/2015</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 or
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ARTICLE IV- '