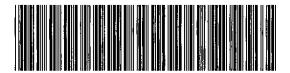
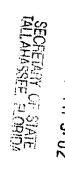


(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





07/07/15--01020--029 **160.00







COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	MEZAMY MULTISERVICES LLC	
SUBJEC		d Liability Company
The enclo	osed Articles of Organization and fee(s) are s	abmitted for filing.
Please ret	eturn all correspondence concerning this matte	r to the following:
	SANDRO LUXANA	
		Name of Person
	CJS INVESTMENT GROUP LLC	<i>,</i>
		Firm/Company
	7971 RIVIERA BLVD SUITE 431	
		Address
	MIRAMAR FL 33023	
	City. TIMELISS84@YAHOO.COM	State and Zip Code
	E-mail address: (to be used for	future annual report notification)
For further	r information concerning this matter, please ca	11:
	MARIE YOLANDE M JEANTY 954 at (5594348
		Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.001	Filing Fee \$\int \frac{\\$130.00 \text{ Filing Fee & Certificate of Status}}{\} \text{(}	\$155.00 Filing Fee & Certified Copy additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	Ī	C	I	E	I	 N	я	m	P :

The name of the Limited Liability Company is:

15 JUL -7 PM 3: 02

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141771	FIAT		TAT	-			-1	V 1			

(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:
3703 SW 52 ND AVE APT 107 HOLLYWOOD FL 33023	SAME AS PRINCIPAL OFFICE ADDRESS
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	ent are:
SANDRO LUXANA	
N	ame

7971 RIVIERA BLVD SUITE 431 Florida street address (P.O. Box NOT acceptable)

MIRAMAR FL City State 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)

Page 1 of 2

(CONTINUED)

ARTICLE IV- The name and address of each person a	uthorized to manage and control the Limited Li	ability Company: FILE
Title: "AMBR" = Authorized Member	Name and Address:	15 JUL -7 PM
"MGR" = Manager AMBR	MARIE YOLANDE M JEANTY 3703 SW 52 ND AVE#107 PEMBROKE PARK FL 33023	SECRETARY OF STATE
AMBR	MELISSA MIDY 7971 RIVIERA BLVD SUITE 431 MIRAMAR FL 33023	
AMBR	SANDRO LUXANA 3703 SW 52 AVE #107 PEMBROKE PARK FL 33023	
MGR	WESLEY BERTRAL 600 NW 182 TER MIAMI FL 33169	
(Use attachment if necessary)		
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	e of filing: pecific and cannot be more than five business meet the applicable statutory filing requiremen t of State's records.	days prior to or 90 days after
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.) e: If the date inserted in this block does not document's effective date on the Department	meet the applicable statutory filing requirement of State's records.	days prior to or 90 days after
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.) e: If the date inserted in this block does not document's effective date on the Department of CICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manual This document is executed an aware that any false.	meet the applicable statutory filing requiremen	ts, this date will not be listed as member. o), Florida Statutes.

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)