

45000137559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

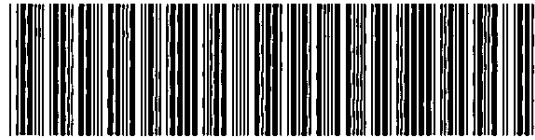
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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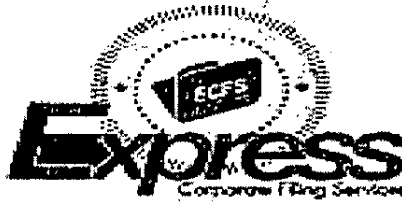
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T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105  
 Coral Gables, FL 33134  
 Phone: 305-444-4994  
 Email: filing@ecfsfiling.com

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**CORPORATION NAME(S) & DOCUMENT NUMBERS(S):**

1. CLZ Investments LLC  
 (CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

Walk-In    
  Pick up time: \_\_\_\_\_    
  Certified Copy    
 Certificate Of Status

| New Filings                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | Non-Profit        |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Other:            |

| Amendments               |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments             |
| <input type="checkbox"/> | Resignation            |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other:                 |

| Other Filings            |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report   |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille:      |
| <input type="checkbox"/> | Other:          |

Examiners Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLZ 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 office of the Limited Liability Company is:

Principal Office Address:

19111 COLLINS AVENUE # 1106  
SUNNY ISLES BEACH, FL 33160

Mailing Address:

19111 COLLINS AVENUE # 1106  
SUNNY ISLES BEACH, FL 33160

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:

DANIEL PEREZ

Name

19111 COLLINS AVENUE # 1106

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

SUNNY ISLES BEACH FLORIDA 33160

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..*

*D P R*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DANIEL PEREZ  
19111 COLLINS AVENUE # 1106  
SUNNY ISLES BEACH, FL 33160

AMBR

WILLIAM MARCOVICI  
19111 COLLINS AVENUE # 1106  
SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any:

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes  
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.

DANIEL PEREZ

Typed or printed name of signer

**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)

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