## **Division of Corporations Electronic Filing Cover Sheet**

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.

(((H150002016013)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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1	<u></u>	Fax Number	: (850)617-6381		
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	Č1		: LAZARUS CORPORATE FILING SERVICE, INC.		
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			ess for this business entity to be used for lings. Enter only one email address please.		AUS 20
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		FLOR	IDA LIMITED LIABILITY CO.	ORID.	••

## MUNERA INVESTMENTS, LLC

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

H15000201601

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

		f
ARTICLE I - Name: The name of the Limited Liability Company is:		
MUNERA INVES	STMENTS, LLC	ļ
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	ļ
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4321 VINEYARD CIRCLE	4321 VINEYARD CIRCLE	}
WESTON, FL 33332	WESTON, FL 33332	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature	ľ
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	n Registered Agent. You must designate an inclvid	ual or
The name and the Florida street address of the registered	d agent are:	
JULIO E. MUNERA	· · · · · · · · · · · · · · · · · · ·	1
Name	<b>c</b> .	
4321 VINEYARD CIRCLE Florida street address (P.O. Box	ox NOT acceptable)	
WESTON	FL 35332	
City	Zip ALL	<del>,</del>
Having been named as registered agent and to accept se	ervice of process for the above stated limited Habilit	Company at
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions	s of all statutes relating to the proper and complete	gformanoe
of my duties, and I am familiar with and accept the ob Chap	bligations of my position as registered agith as pro- pter 605, F.S	tided for in
4	·	
X Kjun	92	-
Rogistered Agent's Signa	gature (REQUIRED)	-
COMMINI	lie by	
(CONTINU	uen)	

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## H15000201601

Title: "AMBR" Authorized Member "MGR" = Manager	Name and Address:
MGR	JULIO E. MUNERA BELMONTE
	4321 VINEYARD CIRCLE
	WESTON, FL 33332
•	
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL)
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E V: Effective date, if other than the date ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me (In accordance with section added a maximum and a maxim	ecific and cannot be more than five business days prior to or 90    D

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