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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

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**FLORIDA LIMITED LIABILITY CO.
3 STEPS INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

3 STEPS INVESTMENTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

3 STEPS INVESTMENTS, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**17230 NW 60 CT
MIAMI, FL. 33015**

The mailing address shall be:

**17230 NW 60 CT
MIAMI, FL. 33015**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

KATHIUZKA CHIQUITO

**17230 NW 60 CT
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33015
City, State, and Zip**

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**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

H15D002069113

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

KATHIUZKA CHIQUITO
17230 NW 60 CT
MIAMI, FL. 33015

MANAGER

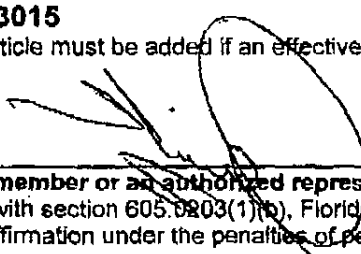
GESPAH CHIQUITO
17230 NW 60 CT
MIAMI, FL. 33015

MANAGER

LUIZA ALFONZO LUTZ
17230 NW 60 CT
MIAMI, FL. 33015

MANAGER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0803(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KATHIUZKA CHIQUITO

Typed or printed name of signee

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