# 1500169474

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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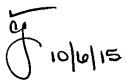
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15 SEP 29 PH 2: 41



## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	ERAIS INV	lestment, LLC Limited Liability Company	
The enclose	d Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this	matter to the following:	
	Nathalie Gara	ત્રેવ	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	ERAIS INVE	STMENT, LLC	
•		Firm/Company	
	14303 Sw	181 kg	
		Address	<del></del>
	Miami, FL	33177	
	.10.6	33177 City/State and Zip Code RAIS art. com	
_	Ngaraa e e	RAIS art. COmed for future annual report notification)	
Ear further in	formation concerning this matter, plea	·	
Ī	Janualie Garcia at (	766 ) 461-4193  Area Code Daytime Telephone Number	
	Name of Person	Area Code Daytime Telephone Number	er
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy tional 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	15 SEP 29

## EFFECTIVE DATE 09 25/15

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•.	TO THE	FILED
The name of the Limited Liability Co	mpany is:	•	15 SEP 29 PM 2: 41
ERAIS	INVESTMENT, LLC		ECELTARY OF STATE
(Must end with	he words "Limited Liability Company, "L.L.C.," or "LLC."		ALI AHASSEE, FLORIDA

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
14303 SW 181 tex	14303 SW 181 tere
Miami, FC 33177	Miami, FL 33177

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:

Nathalie	Garcia	
	Name	
14303 S	w 181	ter.
Florida street address	s (P.O. Box <u>NO</u>	[ acceptable)
Miami	FL	33177
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)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	Nathale Garcia
AMBR	
	14303 SW 181 FER Miami, FL 33177
Omaa	1
<u> Ambr</u>	Elizabeth Garcia
	14303 SW 181 ter Miami, FL 33177
AMBR	Lidice Collazo
	14303 SW 181 ter
	miami, FL 33177
<del></del>	-
Use attachment if necessary)	
Use attachment if necessary)	19/15/15
EV: Effective date, if other than th	
EV: Effective date, if other than the	e date of filing: 09/25/15 . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)