

APR/20/2016

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P. 01

4/18/2016

Division of Corporations

Florida Department of State
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.

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

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FLORIDA LIMITED LIABILITY CO.
RESERVA INVESTMENT GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

[Handwritten signature]

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FAX No.

P.002

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4/19/2016 2:01:02 PM PAGE 1/001 Fax Server



April 19, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: RESERVA INVESTMENT GROUP, LLC.
REF: W16000028829

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

IF YOU MEANT TO FILE AN LLC, THAT IS A DIFFERENT FILING WITH A DIFFERENT FEE (OF \$125.00). IF YOU MEANT TO FILE A CORP. THEN ON PAGE 2, IT SHOULD SAY "ARTICLES OF INCORPORATION" NOT CERTIFICATE OF INCORPORATION. PLEASE ADJUST THROUGHOUT ARTICLES.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

FAX Aud. #: H16000095857
Letter Number: 116A00008061

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESERVA INVESTMENT GROUP, 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:Mailing Address:10500 N.W. 26TH ST., STE. # A-101
DORAL, FL. 3317210500 N.W. 26TH ST., STE. # A-101
DORAL, FL. 33172

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:

BEN FINANCIAL SERVICES, INC.

Name

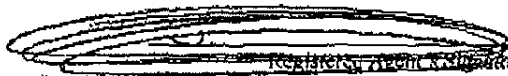
10500 N.W. 26TH ST., STE. # A-101Florida street address (P.O. Box NOT acceptable)DORALFL.33172

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)

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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

MGR**Name and Address:**ROBERTO SANTOS10500 N.W. 26TH ST., STE. # A-101DORAL, FL. 33172MGRJENNIFER S. ACCARDI10500 N.W. 26TH ST., STE. # A-101DORAL, FL. 33172MGRGRISSEL MCKERNAN10500 N.W. 26TH ST., STE. # A-101DORAL, FL. 33172RECEIVED
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TALLAHASSEE, FLORIDA

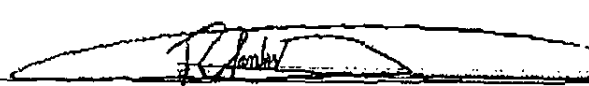
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 14, 2016 (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.

ROBERTO SANTOS

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)