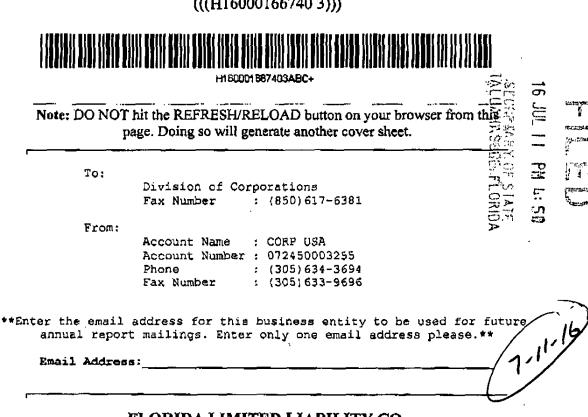


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FLORIDA LIMITED LIABILITY CO. NEW DIMENSIONS INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



TO:

Registration Section

OPPOSICOUSIET

COVER LETTER

DΝ	usion of Corporations
SUBJECT:	NEW DIMENSIONS INVESTIMENT, LLC Name of Limited Liability Company
The enclosed	1 Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
-	JUAN, C. ZUNIGN. UALERIE KAITAZOF
-	Firm/Company
	11501 LAKESIDE. PR. # 6209.
	Address
	MIAMI. FC 37 178. City/State and Zip Code
_	City/State and Zip Code
	J7 @ Sion conp. US: E-mail address: (to be used for firture annual report notification)
kas Kushas in f	ormation concerning this matter, please call:
t of immer im	ornation concerning into maner, presse can:
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filh	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	New Dimensions	Investment LLC	
(Mu	ut end with the words "Limited Liabili	y 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:	
<u>P</u>	rincipal Office Address:	Mailing Address:	
ilsol La	coside Dr. #16209	Same	
ARTICLE III - Register (The Limited Liability Co	ed Agent, Registered Office, & Registerpany cannot serve as its own Register		15 m 200
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Registering Registering and Serve as its own Registerith an active Florida registration.)	stered Agent's Signature; red Agent. You must designate an individu	15 m 200
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Registering Registering and Serve as its own Registerith an active Florida registration.)	stered Agent's Signature; red Agent. You must designate an individu	16 JUL SECURA
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ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Registering Register and Register at the an active Florida registration.) street address of the registered agent a Name 1501 Lake Side Florida street address (P.O. E	rtered Agent's Signature: red Agent. You must designate an individu re: uni89	16 JUL 11 PH

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" ==	Authorized Member	Name and Address:		
"MGR" = M <u>AMBR</u>	anuger	Juan C. Zuniga 11501 Lares du Dr. #6209		
NGR		Valerie Kaitazoff 11501 lakeside Dr. #6209 Miami, Fr. 33178		
			16 则	
•	nent if necessary) we date, if other than the date	of filing:	- PH t:	
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