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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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CASH MONEY IN	VESTMENTS,	LLC			
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				Art of Inc. File	
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Requested by: SETH	07/21/16			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
Walk-In	Will Pick Up			UCC 11 Retrieval	
**************************************	will rick up		I —	Courier	

CÓVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CASH Money Investments LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Buzz
Name of Person
Firm/Company
847 goth Place
Address
Vero Beach FL 32960
Wbuza @ City/State and Zip Code Diag.com
E-mail address: (to be used for future abnual report notification)
For further information concerning this matter, please call:
Michiel Buzz at 561 282.7071
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	FILED
* -	nvestments, LC 16 JUL 21 AH SI I Company, "L.L.C.," of "LLC.")
(Must end with the words "Limited Lability (Company, "L.L.C.," of "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:
847 20th Place	847 20th Place
The Beach FL 32960	Vero Black Fl 32960
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Michael R.	BUZA
Name	

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..

Florida street address (P.O. Box NOT acceptable)

State

Registered Agent's Signature (REQUIRED

32960 Zip

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not urnent's effective date on the Department of State's records. LE VI: Other provisions, if any. REOLURED SIGNATURE: Signature of a member of 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. MICHCU E. BUCK Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	itle:	harizad Mambar	Name and Address:
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(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	<u> </u>		
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