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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

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

Email Address:



FLORIDA LIMITED LIABILITY CO. 829 INVESTMENTS, LLC

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COVER LETTER

H160001784416

TO:

Registration Section Division of Corporations

SUBJECT: 829 INVOSTMENTS, 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:
	Gladys A. CANDENAS, ES
_	Name of Person
	Firm/Company
_	829 NE 795 F
· .	Address
	MIAMI, FZ 33138
	Gladys @ 9 ladys cared enas law. Com
	E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (786) 370 - 7613

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 JUL 25 NH 7: 13

ARTICLES OF ORGANIZATION FOR FLORIDAL INITED LIABILITY COMPANY

ARTICLE i - Name: The name of the Limited Liability Company is:			-
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829	WestMen	its in the	
(Must end with the words "L	imited Liability Company,	"LL.C.," or "LLC.")	
ARTICLE II - Address:	,	•	
The mailing address and street address of the principle.	ipal office of the Limited	Liability Company is:	
Principal Office Address:	Mailing Address:		
889NE 793T HIAMI, FL 33138	SAA		
AIHMI, FC VII DO			
A THOMAS TO THE PROJECT OF THE PROJE	ren e m. i a	Al- Ot-	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i			or
another business entity with an active Florida reg	istration.)		
The name and the Florida street address of the reg		ı	٠.
Chapuc	A. CARDON.	4x. F38	
	Name	<u> </u>	
829 Ne	A. CAROLN. Name: 790 TRE	et	
Florida street address (P.	O. Box NOT acceptable)	<u></u>	
Mr Aran	7 -Y	33/38	
City	TL Zip		
The sine bearing and as a selection of a many and as a	·		
Having been named as registered agent and to a the place designated in this certificate, I hereb	cept service opprocess for i y accept the appointment a:	ine above stated limited liability c i registered agent and agree to ac	ompany at t in this
capacity. I further agree to comply with the pro	visions of all statutes relativ	of to the proper and complete per	formonce
of my duces, and I am familiar with and accept	tine conganons of my posit Shapter 605, F.S.	ion as registerea agent as proviat	ed for in ,
<i>d</i> //		//	•
: 14			
Registered Agent	e-Signature (REQUIRED)		SE 16
		/	€ 285
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·	age 1 of 2		25 SER
	_		프로 필위
			STATE LORID 7: 13
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Stie:	Name and Address:
KBR" = Authorized Member CRP = Manager	110
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	TOPA ME 79 SA
_	1 - 1 - 3313 R
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se attachment if necessary)	
tive dwee is listed, the date must be	ate of filing: (OPTIONAL) specific and causes be more than five business days prior to or 90 days
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and eaunot be more than five business days prior to or 90 days
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