Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

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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. INVERSIONEXT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The hame of the Limited Liability Company is: (Musi end with the words "Limited Liab" LL.C.," or "LLC.")	
INVERSIONEXT LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Company is: 1098 RISCHNE BIVA: S MIAMI FL 33161	,-
ARTICLE III - Registered Agent. Registered Office: The name and the Florida street address of the registered agent are: (The Li Company cannot serve as its own Registered Agent. You must designate an individual or another with an active Florida registration.) ———————————————————————————————————	r business entity
ARTICLE IV- The name and title of each person authorized to manage and control the L Liability Company: (BAINVESTMENT CLC (AMBR)	imited

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

JUAN B BOrrero

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 then appointment as registered agent and agree to act in this capacity. I further agree to somply 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)