LIWOOOITWIZO

(Re	equestor's Name)	
(Ac	idress)	
•	•	
	<u></u>	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	 WAIT	MAIL
	<u> </u>	
(Bu	ısiness Entity Nar	me)
75		
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		
SEP 21 RM 8: 54 RETARY OF STANDARD ANASSEE FLOWING		
THE CHI		
- 1 - 2 SS	Office Use Or	nly



300290382773

09/21/16--01004--014 **160.00



COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Master Family Investments, LLC.
SOBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Paresh Master
	Name of Person
	Master Family Investments, LLC.
	Firm/Company
	2530 Ulysses Rd
	Address
	Tallahassee, FL 32312
	City/State and Zip Code MasterFamilyInv@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Paresh Masier 850 566-1987
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 [Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Master Family Investments, LLC.	
(Must end with the words "Limited Liabil	ity 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:
Paresh Master	Paresh Master
2530 Ulysses Rd	2530 Ulysses Rd
Tallahassee, FL 32312	Tallahassee, FL 32312
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registranother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Paresh Master	
Name	
2530 Ulysses Rd	

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

32312

Zip

Tallahassee

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized	Member
MGR" = Manager	
AMBR	Paresh Master
	2530 Ulysses Rd
	Tallahassee, FL 32312
14140	The Land Mark
AMBR	Thakor Master
	251 North Oates
	Dothan, AL 36303
V: Effective date, if ot	ner than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 or
ctive date is listed, the of filing.) The date inserted in this	ner than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 or 9
EV: Effective date, if of ctive date is listed, the filling.) the date inserted in this nent's effective date on EVI: Other provisions, i	ner than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. Sany.
V: Effective date, if of ctive date is listed, the filling.) he date inserted in this nent's effective date on the ctive date of the ctive	ner than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. any. ORE: CRE: CR
V: Effective date, if of etive date is listed, the filing.) he date inserted in this nent's effective date on VI: Other provisions, i	place than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. Tany. SRE: Character of a member or an authorized representative of a member. Summent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if of efficiency, the date is listed, the effling.) he date inserted in this ent's effective date on VI: Other provisions, i	place than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. Tany. SRE: Character of a member or an authorized representative of a member. The provided representative of a member or an authorized representative of a member. The provided representative of a member or that any false information submitted in a document to the Department of State.
V: Effective date, if of etive date is listed, the effling.) he date inserted in this ent's effective date on VI: Other provisions, i	place than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. Tany. IRE: Inature of a member or an authorized representative of a member. The provided in accordance with section 605,0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State less a third degree felony as provided for in s.817.155, F.S.
CV: Effective date, if of ctive date is listed, the filling.) he date inserted in this ment's effective date on CVI: Other provisions, i	place than the date of filing: September 21, 2016 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 colock does not meet the applicable statutory filing requirements, this date will not the Department of State's records. Tany. SRE: Character of a member or an authorized representative of a member. The provided representative of a member or an authorized representative of a member. The provided representative of a member or that any false information submitted in a document to the Department of State.

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)