3052201440 Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000294805 3)))



H160002948053ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

*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.

13241 INVESTMENT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help D O'KEEFE DEC 02 2016

H16000294805

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TICLE II - Address:	end with the words "Limited	NVESTMENT, LLC	
		d Liability Company,	
	eet address of the principal c	office of the Limited L	iability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
10300 SW 24 S	T APT E22	10300	SW 24 ST APT E22
Miami, Florida	33165	Miam	i, Florida 33165
Limited Liability Com er business entity with	h an active Florida registration	Registered Agent. Youn.) d agent are: nusting Valle IR	's Signature: ou must designate an individual
e Limited Lisbility Com ther business entity with	pany cannot serve as its own ban active Florida registration treet address of the registered Fa	Registered Agent. Youn.) d agent are: nustino Valle IR Name	's Signature: ou must designate an individual
ne Limited Liability Com other business entity with	pany cannot serve as its own ban active Florida registration treet address of the registered Fa	Registered Agent. Youn.) d agent are: nustino Valle IR Name	ou must designate an individual
e Limited Liability Com ther business entity with	pany cannot serve as its own ban active Florida registration treet address of the registered Fa	Registered Agent. Youn.) dagent are: nustino Valle IR Name	ou must designate an individual

(CONTINUED)

Page 1 of Z

16 DEC -1 PM 2: 03
SECRED SECR

ARTICLE IV-	H160002	., ., ., .,
	authorized to manage and control the Limited Liability	Company
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Faustino Valle JR	
	10300 SW 24 ST APT E22	
	Miami, Plorida 33165	
		 ,
		
crr ii 1 .26 =		•
of filing.) If the date inserted in this block does not t	e of filing:	
LEV: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	meet the applicable statutory filing requirements, this c	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department	meet the applicable statutory filing requirements, this c	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department	meet the applicable statutory filing requirements, this c	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department	meet the applicable statutory filing requirements, this c	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this c	date will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	date will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The state of State's records. The state of State's records. The state of State's records. The state of State's records. The state of State's representative of a member at the state of	late will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	late will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	date will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	late will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	late will not be I
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) if the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REGITARED SIGNATURE: Signature of a ment of the document is executed and aware that any false.	meet the applicable statutory filing requirements, this of State's records. The first of State's records.	late will not be I