

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Corporate Filing Menu

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ARTICLE I - Name: The name of the Limited Liab	ility Company (s:			
		VESTMENT, LLC	,	
· (Must co	nd with the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited Li	ability Company is:	
Princ	ipal Office Address:		Mailing Address:	
10300 SW 24 ST	APT B22	10300	SW 24 ST APT E22	
Miami, Florida 33	165	Miami	Florida 33165	
The name and the Florida stre		nustino Valle JR Name	·	
	10300 SW 24 ST AF	?T B22		
		s (P.O. Box NOT acce	eptable)	
	Miamí	Florida	33165	
	City	State	Zip	
	ed agent and to accept serv	a constant	have stated limited liability cor	mpany at the
Having been named as registere blace designated in this certifica further agree to comply with the om familiar with and accept the	nie, I hereby accept the app provisions of all statutes r obligations of my position	ooiniment as registered elating to the proper ar	agent and agree to act in this and complete performance of my provided for in Chapter 605, I	capacity. I y duties, and I
place designated in this certifical further agree to comply with the	nie, I hereby accept the app provisions of all statutes r obligations of my position	pointment as registered relating to the proper at as refisioned agent as the state of the state	agent and agree to act in this and complete performance of my provided for in Chapter 605, I	capacity. I y duties, and I

H18000294795

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	•
MGR .	Faustino Valle JR
	10300 SW 24 ST APT E22
	Miami, Plorida 33165
	<u> </u>
•	
LV: Effective date, if other than the date citive date is listed, the date must be spe filling.) the date inserted in this block does not m	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records.
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