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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC'	EON INVESTMENT MANAGEMENT, LLC		
SUBJEC	Name of Limited Liability Company		
The enclo	sed Articles of Organization and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning this matter to the following:		
	John S. Lore		
	Name of Person	_	
	Capital Fund Law Group, P.C.		
	Firm/Company	_	
	222 South Main Street, Suite 500		
	Address	_	
	Salt Lake City, UT, 84101		
	City/State and Zip Code	_	
	info@capitalfundlaw.com E-mail address: (to be used for future annual report notification)	- ÷	
or further	information concerning this matter, please call:	DEC	•
	John S. Lore 801 456-3620	់ា	:
	at () Name of Person Area Code Daytime Telephone Number	P.Y.	• .
		ნ: 26	//
Enclosed i	is a check for the following amount:	Q i	Culm
\$125.00 F	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status} \text{Certified Copy (additional copy is enclosed)}	&	
	Mailing Address Street Address		

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

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

ARTICLESOF, ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

EON INV	ESTMENT MANAGE	MENT, LLC			
	(Must er	nd with the words "Limited	d Liability Con	pany, "L.L.C.," or "LLC.")	
	E II - Address: ing address and street a	address of the principal of	fice of the Limi	ted Liability Company is:	
		oal Office Address:		Mailing Addre	<u>ss</u> :
	786 W OODCREST KEY BISCA YNE, F			786 WOODCREST ROAD KEY BISCAYNE, FL 33149	<u></u>
	KET BISCATINE, F	L 33 149	<u></u>	ET BISCATNE, PL 33149	
THE HAIL	c and the Fiorida Street	address of the registered ALVARO MORALES	_		
			Name		
		786 WOODCREST R	COAD		
Florida st	reet address (P.O. Box	NOT acceptable)			
		KEY BISCAYNE	FL	33149	
		City	State	Zip	
place desi further ag familiar w	gnated in this certifica ree to comply with the rith and accept the obli	te, I hereby accept the ap provisions of all statutes gations of my position as	pointment as re relating to the _l	for the above stated limited lia gistered agent and agree to ac proper and complete performa nt as provided for in Chapter 6	ct in this capacity. I nce of my duties, and I a m
Registered	l Agent's Signature (RI	MOIKED)			
			(CONTINU	ED)	6 DEC
			Page 1 o	f 2	ů.
					(C)

MGR ALVARO MORALES 786 WOODCREST ROAD KEY BISCAYNE, FL 33149	<u> </u>
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786 WOODCREST ROAD KEY BISCAYNE, FL 33149	5 8 8
KEY BISCAYNE, FL 33149	U1
	<u></u>
	PS 1
	
	date will not be I
an authorized representative of a member ordance with section 605.0203 (1) (b), Floric submitted in a document to the Department of	ia Statutes. I an
as provided for in s.817.155, F.S.	
	.:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-