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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: THINKAHEAD REAL EST Name of Limited Liability C	TATE INVESTMENTS, LLC
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the folio	wing:
LYGIA CAPOLINA BERNA Name of Pers	son Son
THINKS HEAD ROSL ESTATE I	NVESTMENTS AND DEVELOPMENT,
2000 N BAYSHORE DR Address	# 607
mipmi /FL / 33137 City/State and Zi	
E-mail address: (to be used for future annual	
For further information concerning this matter, please call:	
Name of Person Area Code D	748-1043 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status S155.00 Filing Fee Certificate of Status Certified C (additional co	
New Filing Section New Division of Corporations Division of Corporations Cliff	vet Address v Filing Section ision of Corporations ton Building 1 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

(ALL TOGETHER)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

REGISTERED AGENTS INC.

Name

3030 N. Rocky Point Dr., STE 150A

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33607

Zip

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. Thereby 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.,

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am B R	THINKAHEAD REAL ESTATE INVESTMENTS AND DEVELOPMENT, L 2000 N BAYSHOREDR #607, MIDNI, FL 3
_AMBR	LBA INVESTMENT PROPERTIES, LCC 15058 SW 9th TERRACE, mioni FL, 33194
of filing.)	of filing:
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 rement's effective date on the Department LE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be list of State's records.
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 rement's effective date on the Department LE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be list
EV: 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 rement's effective date on the Department LEVI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be list of State's records.
EV: 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 rement's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed an aware that any false.	neet the applicable statutory filing requirements, this date will not be list of State's records.
EV: 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 rument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me This document is execu I am aware that any false constitutes a third degre	C Buro des (ON BEIDEF OF THINKA HEAD) ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State

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