Division of Corporations

da Department of State

Page 1 of 1

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.

(((H17000085501 3)))



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 : CORP USA Account Number: 072450003255

: (305)634-3694 Fax Number : {305}633-9696

**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. 2720 INVESTMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunhiz.org/scripts/efilcovr.exe PAGE 01/04

CORP USA

3/28/2017



March 29, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 2720 INVESTMENT, LLC

REF: W17000026723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: £17000085501 Letter Number: 017A00005966

P.O BOX 6327 - Tailahassee, Flonda 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat	are	
-----------------	-----	--

The name of the Limited Liability Company is:

2720 Investment, LLC, a Florida limited liability company

(Must contain the words "Limited Liability 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:

Malling Address:

2137 NW 2nd Avenue Miami FL 33127 2137 NW 2nd Avenue Mismi, FL 33127

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

(The Limited Limitity 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:

George S. Zamora, Esq.

Nume

3191 Coral Way, Suns 106

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

Mismi

FI

33145

City.

State

Zip

Howing bean 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 have by accept the appointment for registered agent and agent to acc to that capacity. I further agree to comply with the provisions of all manues relating a the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as puritaring agent as provided for in Chapter 603, F.S.

Registered Agent's/Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

TAIL AHASSEE FLORIDA

\$9190/5014 Te:54

9696669908

Title:	Name and Address
"AMBR" = Authorized Identical	
"MOR" = Manager	
AMBR	Alfredo Borges 2137 NW 2nd Avenue
	Minnal, P.C. 33127
AMBR	Rafael Codebo
	2137 NW 2nd Avenue
	Mismi, FL 33127
(Use ettachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be a the date of filling.) Note: If the date inserted in this block does not the document's effective date on the Departmen	ences the applicable statutery filing requirements, this date will not be list:
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be a the date of filling.)	e of filing:
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be a the date of filling.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutery filing requirements, this date will not be list:
ARTICLE V: Effective date, if other than the date in effective date is listed, the date ment be a the date of filling.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provinces, if any. REQUESED SEGNATURE:	encer the applicable standary filing requirements, this date will not be listed of State's records.
ARTICLE V: Effective date, if other than the date of effective date is listed, the date ment be a the date of filling.) Note: If the date inserved in this block does not the document's effective date on the Department ARTICLE VI: Other provincess, if say. RECULTATED SEGNATURE:	meet the applicable statutery filing coquirements, this date will not be lish