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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****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.
FLEXINV, LLC**

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

**ARTICLES OF ORGANIZATION FOR A FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE ONE - Name

The name of the Limited Liability Company is:

FLEXINV, LLC

ARTICLE TWO - Address

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

100 Almeria Avenue, Suite 230
Coral Gables, Florida
33134

ARTICLE THREE - Registered Agent, Registered Office & Registered Agent's signature:

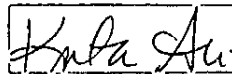
The name and the Florida street address of the registered agent are:

Capitol Corporate Services, Inc.

155 Office Plaza Dr Ste A
Tallahassee, FL 32301

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, I hereby 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.

Krista Ali, Asst. Sec on behalf of
Capitol Corporate Services, Inc.



ARTICLE FOUR

The name and address of each person authorized to manage and control the Limited Liability Company, are:

Manager:

Name: LILIANA TALANCON MARTINEZ
Address: 100 Almeria Avenue, Suite 230
Coral Gables, Florida
33134

ARTICLE V: Effective date will be the filing date.

REQUIRED SIGNATURE:



Signature of member or authorized representative.

This document is executed in accordance with section 605.0203 (i) (b), Florida Statutes.

I am aware that any false information submitted in a document to the department of State constitutes a third degree felony as provided for in s.817.155, F.S

Type or Printed Name of signee:

LILIANA TALANCON MARTINEZ