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.

(((H17000194586 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
CWSTT	Address:	

## FLORIDA LIMITED LIABILITY CO. C&G INVESTMENTS AND ASSOCIATES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

H17000194585

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u></u>	C&G INVESTMEN	TS AND ASSOCIA	ATES LLC	
(Must con	tain the words "Limited			
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
10413 SW 26TH TE		104	13 SW 26TH TERR	
MIAMI, FL. 33165		MIA	MI, FL 33165	— <u> </u>
ARTICLE III - Registered Ag	ent, Registered Office,	& Registered Ages	nt's Signature:	ALL ALL
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	ent, Registered Office, y cannot serve as its own active Florida registratio	& Registered Agent. Registered Agent.		SY OF
(The Limited Liability Company another business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio address of the registered	& Registered Agent. Registered Agent.	nt's Signature: You must designate an individua	SSFE, FL
(The Limited Liability Company another business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio address of the registered	& Registered Agent. Registered Agent. n.) I agent are:	nt's Signature: You must designate an individua	SSFE, FL
(The Limited Liability Company another business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio address of the registered	& Registered Agent. Registered Agent. on.) I agent are: US S CONSTENT	nt's Signature: You must designate an individua	SSF E.
(The Limited Liability Company another business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio address of the registered	& Registered Agent. (nn.) I agent are: US S CONSTENI Name	nt's Signature: You must designate an individua _^T	SSFE, FL
(The Limited Liability Company another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered JESI	& Registered Agent. (nn.) I agent are: US S CONSTENI Name	nt's Signature: You must designate an individua _^T	SSFE, FL

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.

(CONTINUED)

H17000194586

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	JESUS SIXTO CONSTENLA		
ANDIX	10413 SW 26TH TERR		
	MIAMI, FL. 33165		
AMBR	ALBERTO S GUERRA		
11/12/1	2525 SW 107TH CT		
	MIAMI, FL. 33165	7	
AMDR	CARY GUERRA	≧	
AMBR	2525 SW 107TH CT	<u> </u>	-4
	MIAML FL. 33165	53	5
	- MID-CALL T D. 55105		
AMBR	CARIDAD INFANTE	$\geq$	ſ
1111040	10413 SW 26TH TERR		(
	MIAMI, FL. 33165	<u>ب</u> 3	
		$\omega$	
(Use attachment if necessary)	IDA A	=	
· · · · · · · · · · · · · · · · · · ·		=	
ICLE V: Effective date, if other than the date of filing:	(OPTIONAL)	_	**
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and		_	ter
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.)	. (OPTIONAL)  I cannot be more than five business days prior to or 90	days af	
ICLE V: Effective date, if other than the date of filing:  a effective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a document's effective date on the Department of State's	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing:  a effective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a document's effective date on the Department of State's	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a document's effective date on the Department of State's	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a document's effective date on the Department of State's	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.) If the date inserted in this block does not meet the a document's effective date on the Department of State's	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.)  E: If the date inserted in this block does not meet the a locument's effective date on the Department of State's ICLE VI: Other provisions, if any.	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a document's effective date on the Department of State's ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or	(OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not records.	days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a document's effective date on the Department of State's ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in accounted.		days af	
ICLE V: Effective date, if other than the date of filing: a effective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a document's effective date on the Department of State's ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in accounted.	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not a records.  an authorized representative by a member.  ordance with section 605,0205 (1) (b), Florida Statutes, the propartment of State	days af	
ICLE V: Effective date, if other than the date of filing:  affective date is listed, the date must be specific and ate of filing.)  If the date inserted in this block does not meet the a ocument's effective date on the Department of State's ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or This document is executed in acc I am aware that any false informations third degree felony a	. (OPTIONAL)  I cannot be more than five business days prior to or 90  pplicable statutory filing requirements, this date will not a records.  an authorized representative by a member.  ordance with section 605,0205 (1) (b), Florida Statutes, the propartment of State	days af	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and the of filing.)  If the date inserted in this block does not meet the a bournem's effective date on the Department of State's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in acc I am aware that any false informat constitutes a third degree felony a		days af	

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)