Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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## FLORIDA LIMITED LIABILITY CO. RIEDEL INVESTMENTS, LLC

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

JUL 25 AM 9: 55

FROM: TO:3052201440 07/21/2017 09:20:08 #493 P.002/004

H1700019

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

		_	-		
ART	CH.	ж.	l -	CYAR	ne:

The name of the Limited Liability Company is:

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3440 SW 2 ST	P.O. Box 3/2392 Minui, Fr. 33/35-2392
MIAMIL F1 33135-	Minu 9. 12136-2292

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

Having been named as registered agent and to accept survice of process for the above stated limited liability company of 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 delies, and i am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FROM: TO:3052201440 07/21/2017 09:20:17 #493 P.003/004

		#110001818
The name and ad-	dress of each person authori	ized to manage and control the Limited Liability Company:
Titlei		Name and Address:
"AMBR" = Autho "MGR" = Manag	onized Member er	0 0
_AGR	<del></del>	RUBERT KIEDEL
		HAM: F. 32:26 1202
MGR.		Mistry Fr. 33136-2392
	<del>_</del> _	10, 60x 3/2392
		Minni, 62 32126-2392
MGR		GUSTAVO CALVET
•		36 ST AN 4 ST.
MGR.		Maria Cara Nia
- 1 - 1	<del></del>	GOI AW 31 No. APT THAT
		Minmi, Fil 32126
(Use attachment if	nocessary)	,
TEV: Effective day	a ifadanda an na se	
Tective date is licted	e, if other than the date of fill	mg: (OPTIONAL.) and cannot be more than five business days prior to or 90 days
ument's effective da LE VI: Other provisi	no on the Department of 3th	he applicable statutory filing requirements, this date will not be little's records.
-		
REQUIRED SIGN	NATURE:	
REQUIRED SIGN	43	iedel
— n	Signature of a member is document is executed in	or an authorized representative of a member. accordance with section 605,0203 (1) (b) Florida Statutes
Th: I ar	Signature of a member is document is executed in the aware that any false inform	accordance with section 605.0203 (1) (b), Florida Statutes.
Th: I ar	Signature of a member is document is executed in the aware that any false inform	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Th: I ar	Signature of a member is document is executed in members are that any false informationes a third degree felomations as a supplied to the supplied of the supplied to the supp	accordance with section 605.0203 (1) (b), Florida Statutes.
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