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(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECAL PASSEE FLORIDA

N CULLIGAN DEC 1 2017

COVER LETTER

	Filing Section sion of Corporations	
SUBJECT:	S&H In	evestments, LUC miced Liability Company
	Name of Li	mited Liability Company
The enclosed	Articles of Organization and fee(s) as	re submitted for filing.
Please return	all correspondence concerning this m	atter to the following:
	Ramor	A. Subervi Name of Person
_		Name of Person
		Firm/Company
	2330 SW	123 Avenue
_		Address
	Miami, F	City/State and Zip Code Chotmail.com
	Subervi 04	City/State and Zip Code
	E-mail address: (to be used	I for future annual report notification)
For further info	ormation concerning this matter, pleas	e call:
	Name of Person A	Area Code Daytime Telephone Number
/	check for the following amount:	
3125,00 Filin	sig Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE Division of Corporations

BURGAU () SERVICES

October 11, 2017

RAMON A SUBERVI 2330 SW 123 AVENUE MIAMI, FL 33175

SUBJECT: S & H INVESTMENTS, LLC

Ref. Number: W17000080775

We have received your document for S & H INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 217A00020484

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>Princi</u>	pal Office Address:	<u>Mailing</u>	Address:
2330	SW 123 Ave	2330 Su	123 Ave
Miami	PL 33175		33175
CLF III - Registered &	gent, Registered Office, & Registe	ed Agent's Signature	
			. an individual on
Limited Liability Compar	ly cannot serve as its own Registere active Florida registration.)		an individual or
Limited Liability Compar er business entity with ar	y cannot serve as its own Registere active Florida registration.)		an individual or
Limited Liability Compar er business entity with ar	y cannot serve as its own Registere active Florida registration.) t address of the registered agent are	Agent. You must designate	an individual or
Limited Liability Compar er business entity with ar	y cannot serve as its own Registere active Florida registration.)	Agent. You must designate	an individual or SECRE ALL ARASS
Limited Liability Compar er business entity with ar	y cannot serve as its own Registere active Florida registration.) t address of the registered agent are	Agent. You must designate Suburvi	an individual or SECOND ARK SSEC
Limited Liability Compar er business entity with ar	t address of the registered agent are Registered agent are Registered agent are Registered agent are Name 2 330 SW Florida street address (P.O. Bo	Subervi 123 Ave NOT acceptable)	SECRETARY FE
Limited Liability Compar er business entity with ar	y cannot serve as its own Registere active Florida registration.) t address of the registered agent are Ramen A Name 2 330 SW	Subervi 123 Ave NOT acceptable)	SECRETARY CELORIS

Registered agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ramon A. Subervi
	2330 SW 123 AV
	Miam, FL 33175
MGR	Ana C. Subervi
	2330 SW 123 Avf
	Miani, FL 33175
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be specified filing.) If the date inserted in this block does not me	of filing:
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date_will not be li
CLE V: Effective date, if other than the date of effective date is listed, the date must be specified filing.) If the date inserted in this block does not measure of the date inserted on the Department of the	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date_will not be li
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not measure the date inserted on the Department of the Dep	cific and cannot be more than five business days prior to or 90 days eet the applicable statutory filing requirements, this date_will not be li
CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.) If the date inserted in this block does not measure the current's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mental decrease that any false constitutes a third degree.	cific and cannot be more than five business days prior to or 90 days teet the applicable statutory filing requirements, this date will not be list of State's records.

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)