

MAY/11/2018/FRI 12:54

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FAX NO

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
ORIGEN INVESTMENTS, LLC

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

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FLORIDA DEPARTMENT OF
CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORIGEN INVESTMENTS, LLC

(Must end with 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:Mailing Address:8700 SW 133RD RD
#402
MIAMI, FL 331838700 SW 133RD RD
#402
MIAMI, FL 33183

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:

DIANNA CASTAÑEDA

Name

8700 S.W. 133RD AVE RD #402

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

MIAMI FLORIDA 33183

City

State

Zip

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.

DC. X [Signature]05-10-2018

Registered Agent's Signature (REQUIRED)

(CONTINUED)

OFFICE OF THE CLERK OF THE SUPREME COURT OF FLORIDA

18 MAY 11 PM 4:45

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

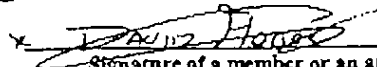
"MGR" = Manager

MGR**Name and Address:**David Flores
8700 SW 133 Ave Road #402
Miami, FL 33183

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (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.David Flores

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA