

Division of Corporations

To: 150643621 From: 146445365 Date: 10/11/2018 Time: 12:49 PM Page: 00/04

L18000237508

Florida Department of State

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.

((H18000295833 3)))



H18000295833ABCS

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844) 386-0178
Fax Number : (214) 317-4754

****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. 7974 INVESTMENTS, LLC

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

C RICO
OCT 15 2018

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000295833 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: October 10, 2018

ARTICLE I – NAME:

The name of the Limited Liability Company is:

7974 INVESTMENTS, LLC

ARTICLE II – ADDRESS:

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

**15024 SW 8TH LN
MIAMI, FL 33194**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ANA MARIELA GONZALEZ

Name

15024 SW 8TH LN

Florida Street Address

MIAMI, FL 33194

City, State, and Zip

-continued-

(((H18000295833 3)))

FILED
OFFICE OF STATE
CLERK OF ORANGE COUNTY
10 SEP 15 PM 15 21

((H18000295833 3)))

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 605.0203 (1) (b).

x 

Registered Agent's Signature
ANA MARIELA GONZALEZ

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a multiple member LLC and is therefore a MULTIPLE MEMBER LLC company with multiple manager. The NAME and ADDRESS of initial MANAGERS/MEMBERS are as follows:

Title
Authorized Member

Name and Address:
ANA MARIELA GONZALEZ
15024 SW 8TH LN
MIAMI, FL 33194

Title
Authorized Member

Name and Address:
INGRID NUNEZ
15024 SW 8TH LN
MIAMI, FL 33194

-continued-

((H18000295833 3)))

((H18000295833 3))

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: OCTOBER 19, 2018.

x 

Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

x 
INGRID NUNEZ
Member/Manager of LLC

October 10, 2018

((H18000295833 3))