L20000138296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

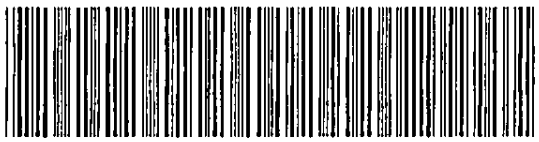
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/20--01001--007 **125.00

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2020 MAY 28 PM 4:08

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2020 MAY 28 AM 10:41

28 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. **ORBI INVESTING LLC**

Corporation Name) Document #

__X__ Walk in

___ Mail out

___ Photocopy

___ Pick up time_____

____ Will wait

___Certified Copy

_____ **Certificate of Good Standing**

NEW FILINGS

____ Profit
____ Not for Profit
__X__Limited Liability
_____Domestication
____ Other

AMENDMENTS

___ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

___ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___Foreign
____Limited Partnership
____Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: ORBE INVESTING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN DE LOCA
Name of Person

MDEL CONSULTING CORP
Firm/Company

[illegible] BRICKELL AVE STE 5[illegible]
Address

MIAMI FL 33[illegible]
City/State and Zip Code

MDELLOCA@MDELCONSULTING.COM
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

MARTIN DE LOCA at [illegible]
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $[illegible].00 Filing Fee & Certificate of Status ☐ $[illegible].00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ORBI INVESTING LLC
(Must contain 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:**
*** BRICKELL AVE	*** BRICKELL AVE
STE 500-39	STE 500-39
MIAMI FL 33131	MIAMI FL 33131

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:

BELLMAX PARTNERS CORP
Name

*** BRICKELL AVE STE 500-39
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33131
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.

Registered Agent's Signature: REQUIRED

(CONTINUED)

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2020 MAY 28 AM 10:41
SEC. OF STATE
TALLAHASSEE, FLORIDA

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	
AMBR	AGUSTIN NOGUEIRA [illegible] BRICKELL AVE STE 500 [illegible] MIAMI FL 33[illegible]

(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.

Typed or printed name of signee

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)