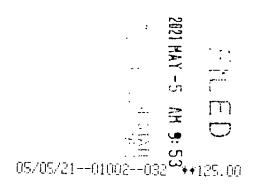
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SECRETARY OF A STATE

Of will

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

TO:	New Filing Sec Division of Cor							
SUBJEC		Investment Group	LLC					
00120120		Nam	e of Limited	Liabilit	y Company			
The encl	osed Articles of	Organization and f	ee(s) are sub	omitted f	or filing.			
Please re	turn all correspo	ondence concerning	this matter	to the fo	llowing:			
	Antoinette A	Altamirano						
			N	ame of P	Person			_
	Altamirano	Investment Group I	LLC					
			F	irm/Con	npany			_
	12640 SW 9	I Ave						2021
				Addres	SS			-: TE
	Miami FL 3.	3176						75
			_	State and	Zip Code		- ,	E.
		tamirano@yahoo.c		6	nual report notificati	on)		_¦ .•
					muai report nonneau	on)		Ç.5
For furthe	r information co	ncerning this matte	r, please cal	1:				
	Pablo Altami	rano	786 at ()	2026244			
	Nam	e of Person	Area (Daytime Telephon	e Number		
Enclosed	l is a check for t	he following amour	nt:					
	00 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & atus	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional co	of Status opy	&
	New F Divisio P.O. B	ng Address Filing Section on of Corporations tox 6327 assee, FL 32314		7 2	itreet Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Altamirano Investment Group LLC	
(Must contain the words "Limited Liabi	ility 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:
12640 SW 91 Ave, Miami FL 33176	Same
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	

Name

12640 SW 91 Ave

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

Miami FL 33176

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)

2021 KAY -5 AH •: 53

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
"MGR" = Manager	Memoer			
MOR - Manager				
MGR	_	PABLO ALTAMIRANO		
		12640 SW 91 AVE		
		MIAMI FL 331276		
MDB		ANTOINETTE ALTAMIRANO		
MBR		12640 SW 91 AVE	 -	_
		MIAMI FL 33176		—
AMBR		SOFIA ALTAMIRANO		
		12640 SW 91 AVE		
		MIAMI FL 33176		
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