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(Re	equestor's Name)	-
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



J. FASON JUL 0 6 2021



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2021 JUL -2 Fii 2: 35 2021 JUL -2 MHTT: 33

CAPITAL CONNECTION, INC.

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

Uribe Investments LI	C		
<u> </u>	<u> </u>	-	
		<u> </u>	-
			Art of Inc. File
	-		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
0.6			Vehicle Search
		. 	Driving Record
Requested by: SETH	06/30/21		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Nattic	Date	11110	UCC 11 Retrieval
Walk-In Thom seven GA 8/0	-	·	Courier

COVER LETTER

TO: New Filing S Division of C	ection Corporations		
SUBJECT: URI	BE INVESTMEN Name of Lir	TS_LLC . nited Liability Company	
The enclosed Articles	of Organization and fec(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	HEJANDRA URIO	ろモ Name of Person	
		Name of Person	
		Firm/Company	
1994	O Sw. 84 AVE	Address	
	MIAMI, FL 331	89	
_AIEU	21BE31 DHOTH	•	on)
For further information of	oncerning this matter, please	e call:	
		166) 253-689 ren Code Daytime Telephon	
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F	ng Address Filing Section on of Corporations	Street Address New Filing Section D The Centre of Tallah	
<u></u> የሰ የ	30x 6327	2415 N. Monrou Stre	AL Public OLA

Tallahassee, FL 32303

Tallahassee, FL 32314

COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations	
SUBJECT: URIBE INVESTME	NTS LLC. 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:
- AIEJANDEA UR	
-	Name of Person
	Firm/Company
19940 SW. 84 A	VEAddress
MIANI, FL 33	City/State and Zip Code
For further information concerning this matter, ple	sed for future annual report notification) ase call:
MECISSA ARANGO at (Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐\$125.00 Fiting Fee ☐\$130.00 Fiting Fee Certificate of Status	& D\$155.00 Filing Fee & D\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Corporations	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF ORGAN	STATION FOR I	LORIDA LIMIT	ED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Compa				
	SVESTMEN vords "Limited I	JTS UC.	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal o	Tice of the Limi	ted Liability Company is:	
Principal Office	Address:		Mailing Add	ress:
19940 SW. 84 /	AVE 9		9940 SW 84,	<u>ave</u> 3
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active FI The name and the Florida street address	serve as its own orida registratio	Registered Ager n.)	gent's Signature: nt. You must designate an ir	idividual or
and a second distriction and the second seco				
	AIEJAN	DEA VEI Name	€ €	
	9940 SI	0.84 AVE		
Flori	da street address	(P.O. Box <u>NO</u>	[acceptable)	
	Maui _	FL	33189 Zin	
	City	State	Zip	
Having been named as registered agent and place designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligations	e accept the appo of all statutes re s of my position o Q130.	intment as regis lating to the pro is registered age	tered agent and agree to act per and complete performan	in this capacity. I ce of my duties, and I
	11261316			
		(CONTINUE)))	2021

**MAMBR" = Authorized Member "MGR" = Manager **MAR" = Manager **	Title:		authorized to manage and control the Limited Liability Company: Name and Address:
(Use attachment if necessary) EV: Effective date, if other than the date of filing: O= 2 2024 (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) It he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. EVI: 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 lalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	"AMBR" = AL	thorized Member	Name and Address
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)