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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC

Account Number : 120210000090 Phone : (305)529-5440 Fax Number : (305)529-5441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rguzman@gemrtcpa.com

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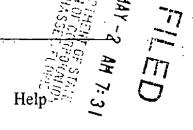
## FLORIDA LIMITED LIABILITY CO.

CG Investor Holding LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



## COVER LETTER

	New Filing Sec Division of Cor						
SUBJEC		or Holding LLC					
SUBJEC	··	Name of Lin	mited Liabilit	y Company			
The enclo	sed Articles of	Organization and fee(s) ar	re submitted f	or filing.			
Please ret	arn all correspo	endence concerning this m	atter to the fo	llowing:			
	Raul A. Guz	man					
			Name of I	erson			
	360 Согрога	te Solutions, LLC					
			Firm/Con	ıpany		<del></del>	
	2600 Dougle	s Road, Suite 800					
			Addre	\$5	•	<del></del>	
	Coral Gables	s, FL 33134					
	rguzman@ge		City/State and	Zip Code			
	I	E-mail address: (to be used	i for future an	mual report notification	n)		
For further	information co	oceming this matter, pleas	e call:				
	Raul A. Guzi	man 3	05	529-5440			
	Nam	e of Person A	rea Code	Daytime Telephone	Number		
Enclosed	is a check for the	he following amount:					
□\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	l copy is enclosed)	□\$160.00 Fi Certificate of Certified Cop (additional cop	f Status & by y is enclosed)	2021
	New F Divisio P.O. B	e Address iling Section on of Corporations ox 6327 assee, FL 32314	î 1 2	Street Address New Filing Section Diving The Centre of Tallahass 1415 N. Monroe Street, Tallahassee, FL 32303	see	MAY -2 AM 7: 31	FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CG Investor Holding LLC	Service of T. O. P. a. M. Y. O. D.
(Must contain the words "Limited Liability C	onipany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of th	e Limited Liability Company is:
	, ,
Principal Office Address:	Mailing Address:
9511 SW 147 Street	9511 SW 147 Street
Miami, FL 33176	Miami, FL 33176
3000000 5000000000000000000000000000000	111111111111111111111111111111111111111
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:
Carlos Hoyo	
Name	
9511 SW 147 Street	

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..

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

FL

State

Miami

City

Registered Agent's Signature (REQUIRED)

33176

Zip

(CONTINUED)



Title:	uthorized Member	Name and Address:	
"MGR" = Ma			
MGR		Carlos Hoyo	
		9511 SW 147 Street Miami, FL 33176	
MGR		Georgette M. Hoyo	
		9511 SW 147 Street Miami, FL 33176	
		Admini a D D J J D	
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(Use attachme	nt if necessary)	·	
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