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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<i>⊋</i> #)
PICK-UP	WAIT	MAIL
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EASTPOINTE INVESTMENTS, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

eun mer.	Eastpoint	e Investments, LLC			
SUBJECT:	<u></u>	Name of Lin	nited Liabil	ity Company	
The enclose	d Articles o	f Organization and fee(s) are	e submitt e d	for filing.	
Please retur	n all corresp	oondence concerning this ma	itter to the	following:	
	Kenneth No	oble			
			Name of	Person	
	Noble Law	Firm, P.A.			
-			Firm/Co	mpany	
	6830 N. Fed	deral Hwy.			
•			Addr	ess	
	Boca Raton	FL 33487			
18	ıy@noblela	Ci wfirmpa.com	ity/State an	d Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
For further int	formation co	oncerning this matter, please	call:		
k	Cenneth Nol	ble 56	i	353-9300	
_	Naл		ea Code	Daytime Telephor	ne Number
Enclosed is a	a check for t	the following amount:			
≣\$ 125.00 F	filing Fee	□\$130.00 Filing Fec & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mallir	ng Address	;	Street Address	,

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

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

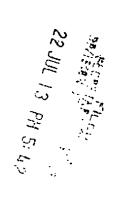
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EASTPOINTE IN	VESTMENTS LLC			
(Must co	ntain the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
Princ	Principal Office Address:		Mailing Address:	
381 REGATTA D	R.	381	REGATTA DR	
JUPITER FL 3347	7	JUPI	TER FL 33477	
			nt's Signature: You must designate an individual o	
nother business entity with a	ny cannot serve as its own n active Florida registratio	Registered Agent. 'n.)		
The Limited Liability Compa	ny cannot serve as its own n active Florida registratio et address of the registered	Registered Agent. 'n.) agent are:		
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registratio	Registered Agent. 'n.) agent are:		
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registratio et address of the registered	Registered Agent. 'n.) agent are: P.A. Name		
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration address of the registered NOBLE LAW FIRM	Registered Agent. 'n.) agent are: P.A. Name	You must designate an individual o	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration at address of the registered NOBLE LAW FIRM 6830 N. FEDERAL I	Registered Agent. 'n.) agent are: P.A. Name	You must designate an individual o	

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)



ARTICLE IV-

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

"MGR" = Manager MGR JON J. GOODMAN 381 REGATTA DR. JUPITER, FL 33477 MGR MAXIMILIAN TERMOTTO 3435 SEA BISCUIT RD PALM BEACH GARDENS. FL 33418 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly date. REQUIRED SIGNATURE: Signatore of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. If an 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. Kenneth Note of the date of filing. The date of the date of filing.	0454DDH 4 4 4 1 154 4	Name and Address:
MGR JON J. GOODMAN 381 REGATTA DR. JUPITER, FL 33477 MGR MAXIMILIAN TERMOTTO 5435 SEA BISCUIT RD PALM BEACH GARDENS. FL 33418 (Use attachment if necessary) ELE V: Effective date, if other than the date of filing: ———————————————————————————————————	"AMBR" = Authorized Member	
MGR MAXIMILIAN TERMOTTO	"MGK" = Manager	
MAXIMILIAN TERMOTTO 5435 SEA BISCUIT RD PALM BEACH GARDENS. FL 33418 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	JON J. GOODMAN
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linear to entire the date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED 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. Kenneth Sold, a Morized Capresacked Typed or printed name of signee Filing Fees:		381 REGATTA DR.
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