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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000238801 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : 120200000010 Phone : (407)777-7470 Fax Number : (321)206-9743

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

Enail Address:

FLORIDA LIMITED LIABILITY CO. MYRE INVESTING CAPITAL LLC

Certificate of Status	ı
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

	ew Filing Sec ivision of Co						
SUBJECT	MYRE'IN	VESTING CAPITAL LLC					
3203201	·	VESTING CAPITAL LLC Name of Lin	nited Liabi	lity Company			
The enclos	ed Articles of	Organization and fee(s) an	submitte	I for filing.			
Please retu	m all correspo	ondence concerning this me	ner to the	following:			
	JUAN ÇAM	ILO PEREZ					
	148** 146******		Name of	Person	***************************************		
			Firm/Co	ompany	· 44867	************	
	210 NORTE	BUMBY AVENUE					
			Add			\$\$q&B44&&	
	ORLANDO	FL 32803		***************************************			
		C	ity/State or	d Zip Code			
-	I	i-mail address: (to be used	for future	annual report notificati	on)	····	
or further is	aformation co	ncerning this matter, please	call:				
	JUAN CAM	ILO PEREZ	407	923-7333			
	Nam			Daytime Telephone			
Enclosed is	a check for i	he following amount:					
□\$ 125.00	Filing Fee	置\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	☐\$160.00 Fi Certificate of Certified Cop (additional cop	f Status & cy	ı
	New F Divisio P.O. B	g Address thing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassec, FL 32301	ssee n. Suite 810		22 IIII 11. PM 12: 35

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ORLANDO, FL 32803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	. 1 – Name:
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The name of the Limited Liability Company is:

MYRE INVESTING CAPITAL LLC (Must conatin 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: 210 NORTH BUMBY AVENUE 210 NORTH BUMBY AVENUE ORLANDO, FL 32803

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:

JUAN CAMILO PEREZ Name 210 NORTH BUMBY AVENUE Florida street address (P.O. Box NOT acceptable) ORLANDO FLORIDA 32803 City State Zio

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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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
MBR	JUAN CAMILO PEREZ 210 NORTH BUMBY AVENUE ORLANDO, FL 32803
MBR	ISABEL DIEZ 210 NORTH BUMBY AVENUE ORLANDO, FL 32803
······································	
(Use attachment if necessary) LEV: Effective date, if other than the	to date of filing:
LEV: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does unent's effective date on the Department's effective date on	be specific and cannot be more than five business days prior to or 90 days after s not meet the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does unent's effective date on the Department's effective date on	If a member or an authorized representative of a member, axecuted in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submutted in a document to the Department of State.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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