22000343138

	Requestor's Name)			
(Address)			
((Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
:				

Office Use Only



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TALLAMASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: CF INVESTORS, LLC Ref. Number: W22000100697

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the registered agent reflects the exact name active in our records.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 322A00017348

Summer Chatham Regulatory Specialist II New Filing Section

www.sunbiz.org

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE use funds from ACCT: I20210000160 Authorization Signature:	O AMOUNT: <u>\$125.00</u>	
CF INVESTORS LLC	····	
Business	Document #	
Walk in	Pick up time	22
Mail out	Will wait	AUG
Photocopy		<u></u>
Certified Copy (s) of Articles of Incorporation	on	# 4: 3 # 4: 3
Certificate of Status		÷.g
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit Not for Profit	Amendment Resignation of R.A. O	fficer/Director
XLimited Liability	Change of Reg	istered Agent
Domestication Other	Disolution/Withdrawa Merger	1
CORP	Conversion	
OTHER FILINGS	REGISTERATION/QUALIFICA	<u>ATIONS</u>
Annual Report	Foreign filing Limited Partnership	
Fictitious Name	Reinstatement	
APOSTIL ()	Other	
Country		

COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC	CF Investor	rs, LLC.				
SUBJEC	···	Name of Lin	nited Liabil	ity Company	_	
The encl	osed Articles of	Organization and fee(s) are	e submitted	for filing.		
Please re	turn all correspo	ondence concerning this ma	tter to the	following:		
	Keith Diamo	nd, P.A.				
			Name of	Person	_	
	Keith D. Dia	mond, P.A.				
			Firm/Co	отрапу		
	3440 Hollyw	rood Blvd, Suite 415				
			Addi	ess		· · · · ·
	Hollywood,	Florida 33021				
			ity/State aı	d Zip Code		
	Keithdiamond	l2@aoLcom E-mail address: (to be used	for future	annual report notificati	on)	 \%
For furthe		ncerning this matter, please			,	22 Ali6 -4
	Keith Diamor	nd 95 at (4	618-1008		2.50 2.50
	Nam		rea Code	Daytime Telephon	e Number	11 4:3:
Enclosed	is a check for t	he following amount:				*49° -
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ied Copy hal copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional co	of Status &
	New F Divisio	eg Address iling Section on of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	issee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	ly Company is:				
CC Inventor II C					
CF Investors, LLC. (Must conti	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	flice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ess</u> :	
	8899 NW 18th Terrace		8899 NW 18th Terracr		
Doral, Florida 33172		Dora	d. Florida 33172		
	-				
(The Limited Liability Company another business entity with an a The name and the Florida street:	active Florida registratio	on.) i agent are:	You must designate an ind	ividual or	
		:vaine			
	3440 Hollywood Bly				
	Florida street address (P.O. Box <u>NOT</u> acceptable)		cceptable)		
	Hollywood	Fl	33021		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the properties am familiar with and accept the ob-	. I hereby accept the app rovisions of all statutes r	ointment as register elating to the proper	ed agent and agree to act i. and complete performanc	n this capacity. [S] = e of my duties, an <u>a</u>] =	

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Alex Gonzalez 9835 SW 72 Street, Suite 211 Miami, Florida 33173	- - -
<u>MGR</u>	Rene Rodriguez 8899 NW 18th Terract Doral, Florida 33172	- - -
		- - -
		_ _ _
(Use attachment if necessary)		
(If an effective date is listed, the date must be specitive date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		22 AUG -1,
	Alex Gonzalez	90
This document is execute I am aware that any false	nber or an authorized representative of a member. Id in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	-4 KH 4:
Alex Gonzalez		 دے
	Typed or printed name of signee	60 ·

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)