Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Corporati	ons		
	Fax Number : (850			
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	Account Name : LAZA	RUS CORPORATE FILING SERVICE, INC		
	Account Number : I200			
	Phone : (305)552-5973		
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**8		for this business entity to be us		
	annual report mailin	gs. Enter only one email address	please.**	
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FLORIDA LIMITED LIABILITY CO. CLS INVESTMENTS ENTERPRISES LCC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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ARTECLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: CLS INVESTMENTS ENTERPRISES LLC (Must contain 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: 400 NW 130th. Avenue Miami, FL. 33144

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.)

Victor D. Lubin DDS

The name and the Florida street address of the registered agent are:

Name

400 NW 130th, Avenue

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

Mjami FL 33182

City State Zip

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)

3052201440

	authorized to manage and control the Limited Liability Compar	ıy:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Victor D. Lubin DDS 400 NW 130th. Avenue Miami, FL, 33182	
AMBR	Judith Lubin DDS 400 NW 130th, Avenue Miagni, FL, 33182	
		
		
(Use attachment if necessary)		73 2803
the date of filing.)	e of filing: September 9, 2022 (OPTIONAL) sectific and cannot be more than five business days prior to or meet the applicable statutory filing requirements, this date will of State's records	90 days after
ARTICLE VI: Other provisions, if any.		:. ts
REQUIRED SIGNATURE:	A Latin	
I am aware that any false	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florids, Statutes information submitted in a document to the Department of Statutes of Statutes and Statutes of Statutes o	_ s. c
constitutes a third degree	follony as provided for in s.817.155, F.S.	

Typed or printed name of signee

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)