

622000489209

Florida Department of State
Division of Corporations
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.

((H22000393196 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : E20220000156
Phone : (954) 471-5645
Fax Number : (305) 356-3688

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
THREE INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022-11-17 PM 3:26

22 NOV 17 PM 12:35
FLORIDA DEPARTMENT OF STATE

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H22000393196 3

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

SERGIO ALONSO ARIAS SALDARRIAGA
1281 ARDMORE ST
ST. AUGUSTINE FL 32092

MGR

MARIANELLA POSADA JIMENEZ
1281 ARDMORE ST
ST. AUGUSTINE FL 32092

MGR

MARIA PAULINA POSADA JIMENEZ
1281 ARDMORE ST
ST. AUGUSTINE FL 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Marianella Posada J.

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.

MARIANELLA POSADA JIMENEZ

Typed or printed name of signer

22 NOV 17 PM 12:35

H22000393196 3