Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : MJD ACCOUNTING SERVICES CORP

Account Number : 120220000156 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

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Help

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITI	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
THREE INVESTMENTS LLC (Must contain the words "Limited L	ishility Company	w "I C " or "I C ")
(Must contain the words Embled E	лаонну Сопіраі.	y, E.C.C., or EEC. y
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limit	ed Lishility Company is:
The name address and success of the principal of	ine of the billing	ta that in the same of the sam
Principal Office Address:		Mailing Address:
1281 ARDMORE ST	13	281 ARDMOREST
ST. AUGUSTINE FL 32092	<u>s</u>	T. AUGUSTINE FL 32092
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agen	
The name and the Florida street address of the registered	agent are:	
SERGIO ALONSO A	RIAS SALDAI	RRIAGA
	Name	
1281 ARDMORE ST		
Florida street address	(P.O. Box <u>NO</u>)	acceptable)
ST. AUGUSTINE	FL	32092
City	State	Zip
Marian harmanan ay maistarah arant and to annat sand		al I a complete to the state of

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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
factive date is listed, the date mu	the date of filing:
scrive date is listed, the date mu of filing.)	est be specific and cannot be more than five business days prior to or 90 best not meet the applicable statutory filing requirements, this date will not
scrive date is listed, the date mu of filing.) the date inserted in this block do ment's effective date on the Dep	est be specific and cannot be more than five business days prior to or 90 best not meet the applicable statutory filing requirements, this date will not
Betive date is listed, the date must of filing.) The date inserted in this block doment's effective date on the Dep. E VI: Other provisions, if any. BEQUIRED SIGNATURE: Signature This document if am aware that	est be specific and cannot be more than five business days prior to or 90 best not meet the applicable statutory filing requirements, this date will not