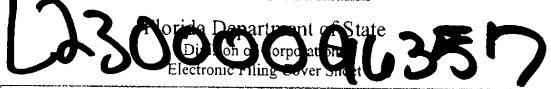
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Division of Corporations



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 Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

\*\*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. HEREDIA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 cf 4

ARTICLES OF ORGANIZATION FOR FLORIDA I	LIMITED LIABILITY COMPANY - *** *
ARTICLE I - Name:	·
The name of the Limited Liability Company is:	
HEREDIA INVESTMENTS LLC	
(Must contain the words "Limited Liability C	ompany, "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:
308 OAK SPRING DR	
DABARY, FL 32713	SAME
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	d Agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Registered	d Agent. You must designate an individual or

LUZ B. HEREDIA			
	Name		
308 OAK SPRING	DR		
Florida street address (P.O. Box NOT acceptable)			
DABRAY	FI.	32713	
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..

> Is Luz B. Heredia Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

The name and address of each persor	n authorized to manage and control the Limited Liability Company:
Title:	Name and Address:

There	Marile Alla Availessa	
"AMBR" = Authorized Member		
"MGR" = Manager		
AAADD	I UZ D UEDEDIA	
AMBR	LUZ B HEREDIA	<del></del>
	308 OAK SPRING DR DABRAY, FL 32713	
	DABRA1. PL 32/13	
AMBR	LAURA HAUSER	
1 427 437	308 OAK SPRING DR	
	DABRAY, FL 32713	
	····	
<del></del>	<del></del>	
(11 has a March and 15 has a see A)		
(Use attachment if necessary)		
A PROPERTY TO A STATE OF THE ST	0.01	(0,000,001,000
ARTICLE V: Effective date, if other than the date		
If an effective date is listed, the date must be sp	pecific and cannot be more than five bu	siness days prior to or 90 days after
he date of filing.)		
Note: If the date inserted in this block does not	meet the applicable statutory filing requ	irements, this date will not be listed as
the document's effective date on the Department	t of State's records.	
•		
ARTICLE VI: Other provisions, if any,		
•		

## **REQUIRED SIGNATURE:**

Is Luz B. Heredia

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.

LUZ B, HEREDIA

Typed or printed name of signce

## 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)