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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

FLORIDA LIMITED LIABILITY CO. **GH5071 INVESTMENTS LLC**

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COVER LETTER

TO:	New Filing Sec Division of Cor				
CHRIC	CT. GH5071 IN	VESTMENTS LLC			
300317	C. I.	Name of Lim	ited Liability	у Сотрану	
The enc	losed Articles of	Organization and fec(s) are	submitted f	or filing.	
Please r	eturn all correspo	ondence concerning this ma	tter to the fo	llowing:	
	DIEGO FIG	UEROA			
			Name of P	erson	
	E & F LATI	N GROUP LLC			
	<u></u>		Firm/Con	pany	
	1820 N COR	PORATE LAKES BLVD	SUITE 109		
			Addres	33	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WESTON F	L 33326			
			ty/State and	Zip Code	
		LATINACCOUNTING.C			1
		E-mail address: (to be used		nuar report nott.icati	onj
For turth	er information co	ncerning this matter, please	Can		
	DIEGO FIGU	JEROA at (954)	384 8565 Daytime Telephone	
	Nam	e of Person Ar	rea Code	Daytime Telephon	c Number
Enclose	ed is a check for t	he following amount:			
	,00 Filing Fee		Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ig Address iling Section on of Corporations tox 6327 assee, FL 32314	7 2	treet Address Sew Filing Section Di The Centre of Tallahs 415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

GH5071 INVESTMENTS LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10583 W 35th WAY	10583 W 35th WAY
10583 W 35th WAY HIALEAH, FL 33018	10583 W 35th WAY HIALEAH, FL 33018

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

E & F LATIN GROU	JP LLC	
	Name	
1820 N CORPORAT	TE LAKES BLVD SUI	TE 109
Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable)
WESTON	FLORIDA	33326
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. Thereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Mer "MGR" = Manager	nber
MGR	JUAN CARLOS HERNANDEZ
	10583 W 35th WAY HIALEAH, FL 33018
	IIIAELAIL 1 E 32013

(Use attachment if necessar	
LEV: Effective date, if other frective date is listed, the date e of (lling.)	than the date of filing:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)