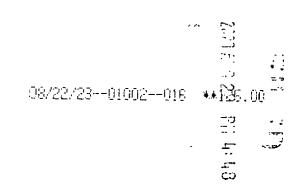
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | estments LLC | | | | | |
|---|---|--|---|------------------------------|--|--|
| (Mı | ist contain the words "Limited I | Liability Company, | "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and | street address of the principal of | ffice of the Limited | Liability Company is: | | | |
| <u> </u> | rincipal Office Address: | | Mailing Address: | | | |
| 8336 BOYL | N CT | 833 | 8336 BOYLA CT | | | |
| WINDERME | RE, FL 34786 | | NDERMERE, FL 34786 | 2023 AUS 22 | | |
| The name and the Florida | offi Campos Guimara | | | nal or 1914 4: 48 | | |
| | 8336 BOYLA CT | | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | | |
| | | FL | 34786 | | | |
| | WINDERMERE | | | | | |
| | WINDERMERE City | State | Zip | | | |
| place designated in this cert further agree to comply with | | State re of process for the intment as registere lating to the proper | e above stated limited liability co ed agent and agree to act in this and complete performance of n | capacity. Inv. duties, and I | | |
| place designated in this cert further agree to comply with | City stered agent and to accept servic ificate, I hereby accept the appo t the provisions of all statutes re | State Te of process for the intment as registere lating to the proper is registered agent of | e above stated limited liability co ed agent and agree to act in this and complete performance of n | capacity. Inv. duties, and I | | |

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 Ofli Campos Guimaraes 8336 BOYLA CT WINDERMERE, FL 34786 (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:

/s Ofli Campos Guimaraes

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.

Ofli Campos Guimaraes

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)