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()	Requestor's Name)	
(,	Address)	
	A didentity	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
	Document Number)	
,	,	
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DIVISION OF CORPORATION

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COVER LETTER

	v Filing Sect ision of Corp				
SUBJECT:	AGUDELO	TAMAYO INVESTME	ENTS LLC		
SOBJECT.		Name of Li	mited Liabil	ity Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	l Articles of C	Organization and fee(s) at	re submitted	for filing.	
Please return	all correspor	ndence concerning this m	atter to the f	following:	
Ĥ	ANTONIO A	GUDELO HENAO			
		 	Name of	Person	
Ā	AGUDELO T	'AMAYO INVESTMEN	TS LLC	•	
_			Firm/Co	mpany	
.3	340 W FLAG	LER ST APT 2510			
_			Addr	ess	
Ŋ	MIAMI, FL 3	33130			
in	fo@jcbsoluti		City/State an	d Zip Code	
_	-	-mail address: (to be used	d for future a	nnual report notification	on)
For further info	ormation con	cerning this matter, pleas	se call:	•	
A	A OINOTA	GUDELO HENAO 8	366	296-1833	
	Name		Area Code	Daytime Telephone	e Number
Enclosed is a	check for th	e following amount:			
□\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisio P.O. Bo	Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
A CHINNI O TAMAN	//\	C		
	OINVESTMENTS LL in the words "Limited L		ıy, "L.L.C.," or "LLC.")	
·		, ,		
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	ffice of the Limi	ted Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
340 W FLAGLER S	Г АРГ 2510	3	40 W FLAGLER ST APT 2510	
MIAMI, FL 33130		N	41AMI, FL 33130	
another business entity with an a	address of the registered	agent are:		
	JC Business Solution	s Inc Name		
			,	
	7500 NW 25th ST St Florida street address		T accentable)	
		3 (1 .O. DOX <u>NO</u>	_ neceptable;	
	Doral, Florida 33122 City	State	Zip	
	,		·	
lace designated in this certificate, wither agree to comply with the pi	I hereby accept the apportions of all statutes re	ointment as regis elating to the pro	the above stated limited liability compastered agent and agree to act in this cape oper and complete performance of my duent as provided for in Chapter 605, F.S	acity. 1
		(
	Registo	ered Agent's Sig	gnature (REQUIRED)	
		(CONTINUE	D)	

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	
MGRM	ANTONIO AGUDELO-HENAO
	340 WFLAGLER ST APT 2510
	MIAMI, FL 33130
MGRM	JULIANA TAMAYO MUNOS
	340 WFLAGLER ST APT 2510
	MIAMI, FL 33130
	
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 -	
	·
(Use attachment if necessary)	
ADTICLE V. P.C. C. T. T. C. T. T. T.	1 C.T.Y
KRICLE V: Effective date, if other than the	e date of filing:
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
he date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
Wire Ell VI. One provisions, it any.	

<u>REQUIRED</u> SIGNATURE:	
	ll bill-
- 1 -	
Claust	f a member or an authorized representative of a member.
Signature of This document is a	f a member or an authorized representative of a member.
Lam ouere that an	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
r am aware mat any	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
constitutes a till to	aegree retory as provided for ill \$.617.1.22, P.S.
	Typed or printed name of signee
	cyped or printed name of signee

Filing Fees: