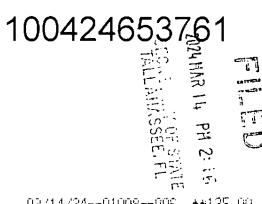
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Office Use Only





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CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	PICK	UP: BROOK 3/14	
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XX	FILING	LLC	
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#### COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: EL POTRERO INVESTMENTS, LLC  Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jon I. M. Graw Name of Person	
. Name of Person	
McGrow Raube Muterlli PA Firm/Company	
Firm/Company	
35 SE 1st Avenu, Suite 102  Address	
Address	
Occle, FL 34471  City/State and Zip Code  Jon @ Jawmrm.com	
City/State and Zip Code	
1016 lawmrm.com	
E-mail address. (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jon M. Graw at (352) 789-6520	
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	-
Enclosed is a check for the following amount:	Ü
S125.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL POTRE (Must contain the w	RO IN	VESTM EN	TS, LLC		
(Must contain the w	ords "Limited L	iability Company	. "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	the principal of	fice of the Limited	l Liability Company is:		
Principal Office	Address:		Mailing Addi	ess:	
Pinecrest FL	n Street 32156				
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot s another business entity with an active Flo	erve as its own F	Registered Agent.	nt's Signature: You must designate an ind	dividual or	
The name and the Florida street address of	~	_			
	Jon,	M'Graw	Sute 102		
		Name			
	35 SE 14	Avenue,	Sute 102		
Florid	a street address (	(P.O. Box NOT a	cceptable)		
	Ocala	FL	34471 Zip		
	City	State	Zip		
Having been named as registered agent and place designated in this certificate, I hereby further agree to comply with the provisions to am familiar with and accept the obligations	accept the appoi of all statutes rele of my position as Register	ntment as register ating to the proper registered agent t	ed agent and agree to act i and complete performance	n this capacity. I se of my duties, and I	

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	4
MGR	Manuel Martinez
	Pine crest FL 33156
(Use attachment if necessary)	
(Ose andenment it necessary)	
•	te of filing: (OPTIONAL)
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be sp	te of filing:
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be spaced ate of filing.)	pecific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than 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
RTICLE V: Effective date, if other than the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed as
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RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be spaced to the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
RTICLE V: Effective date, if other than the date if an effective date is listed, the date must be space date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department article VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the date fan effective date is listed, the date must be speedate of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)