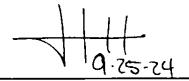
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24 SEP 20 PMII: 57

## **COVER LETTER**

	ivision of Co					
SUBJECT	Egghead I	nvestments, LLC				
SOBJECT	<u> </u>	Nam	e of Limited Lia	bility Company	·	
The enclos	sed Articles of	Organization and t	ee(s) are submit	ted for filing.		
Please retu	ırn all correspo	ondence concerning	g this matter to th	e following:		
	Rodolfo Sar	nta-Ana				
			Name	of Person		
	Egghead Inv	vestments, LLC				
		<u> </u>	Firm	Company		
	8400 SW 14	Hst St.				
			Ac	ldress		
	Palmetto Ba	y, FL 33158				
	santaana718@	Dyahoo.com	City/State	and Zip Code		
		E-mail address: (to	be used for futur	e annual report notifica	ition)	
For further i	nformation co	ncerning this matte	r, please call:			
	Alvin Santa-Ana at		786 at (	499-3789		
	Name of Person		Area Code		ne Number	
Enclosed i	s a check for t	he following amou	n:			
≣\$125.00	) Filing Fee	□S130.00 Filing Certificate of St	atus Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		ig Address		Street Address	Division	
	New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Filing Section Division The Centre of Tallahassee		
				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Egghead Investr	nents, LLC		
		ed Liability Company, "L.L.C.," or "LLC.")	
ADTICLE II Address.			
ARTICLE II - Address: The mailing address and stre	eet address of the principa	l office of the Limited Liability Company is:	
-	, .		
<u>Pri</u>	ncipal Office Address:	Mailing Address:	
8400 SW 141st	St.	8400 SW 141st St.	
Palmetto Bay, F	L 33158	Palmetto Bay, FL 33158	
		e, & Registered Agent's Signature:	
The Limited Liability Commother business entity with	pany cannot serve as its or an active Florida registra reet address of the register	re, & Registered Agent's Signature: wn Registered Agent. You must designate an individu tion.) red agent are:	ual or
	pany cannot serve as its ov i an active Florida registra	re, & Registered Agent's Signature: wn Registered Agent. You must designate an individution.) red agent are: Ana, Jr.	ual oi
The Limited Liability Commother business entity with	pany cannot serve as its or an active Florida registra reet address of the register	re, & Registered Agent's Signature: wn Registered Agent. You must designate an individu tion.) red agent are:	ual o
The Limited Liability Commother business entity with	pany cannot serve as its or an active Florida registra reet address of the register	re, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.) red agent are: Ana, Jr. Name	ual oi
The Limited Liability Commother business entity with	pany cannot serve as its or i an active Florida registra reet address of the register Rodolfo F. Santa-a	re, & Registered Agent's Signature: wn Registered Agent. You must designate an individuation.) red agent are: Ana, Jr. Name	ual o

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..

State

City

Registered Agent's Signature (REQUIRED)
Robolf F Santa-Clase De.

Zip

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR/AMBR	Rodolfo Santa-Ana
NOWANDR	8400 SW 141st St.
	Palmetto Bay, FL 33158
1472274 1DD	D 116 P 2 . A 1
MGR/AMBR	Rodolfo F. Santa-Ana, Jr.
	1523 NW 80th Ave., Apt. F Margate, FL 33063
	Wallgale, PL 53005
MGR/AMBR	Alvin R. Santa-Ana
	203 Sherwood Dr.
	Bradenton, FL 34210
MGR/AMBR	Aixa C. Santa-Ana
	2600 Lockwood Dr.
	Winston Salem, NC 27103
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t	the date of filing:
	it be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	rtment of State's records.
A DEPLOY 12 A 11 A 12 A 12 A 12 A 12 A 12 A 12	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Rodolfo Sta aus
RECCIRED SIGNATURE.	ROOM - 14
	•
Signature	of a member or an authorized representative of a member.
	The state of the s

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.

Rodolfo Santa-Ana

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)

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SECRETARY OF STATE SECRETARY OF STATE ONVESTOR OF STATE