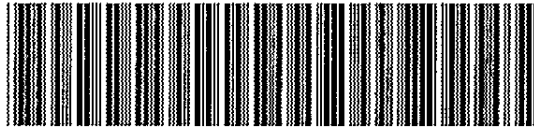


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(Requestor's Name)

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(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

0007 Investments, L.L.C.

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME :**

The name of the Limited Liability Company is:  
**0007 INVESTMENTS, LLC**

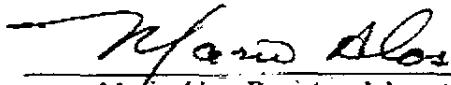
**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**6762 SW 161 AVENUE, PEMBROKE PINES, FL 33331.**

**ARTICLES III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent(s) are :  
**MARIO ALOS**  
**6762 SW 161 AVENUE, PEMBROKE PINES, FL 33331**

*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 as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Mario Alos, Registered Agent

**ARTICLES IV - MANAGEMENT (Check box if applicable.)**

The limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

*(In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**Mario Alos**  
typed or printed name of signee

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