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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
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DISTATOR'S DEFICE
WISHOW OF CORPORATION
TALLAHASSEE, FLORIDE

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Investwise Name of Lin	Properties nited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Zugui Wa	Name of Person	
	Firm/Company	
3402 Apala	chee PKWY	#E
Tallahassee	FL 32311 ity/State and Zip Code ertiec@smail	
MCCak Prope E-mail address: (to be used	ertieca Smari for future annual report notificati	(.Com_
For further information concerning this matter, please	call:	
Zugui Wargit (8) Name of Person	rea Code Daytime Telephon	889 e Number
Enclosed is a check for the following amount:		
■S125.00 Filing Fee □S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Investive Properties LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	井正	Mailing Address:
3402 Aprilachee PK	m/ 3402	Apalacheo PKW/ AFF
Tallahasseu El 32211	Falle	12221
-100 cm / C)(+, 1-1-325)[1 2 3 3 11

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ZUGUI Wang

Name

3402 Apalachee PKWY # E

Florida street address (P.O. Box NOT acceptable)

Tallahase FL 32711

City State Zip

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR," = Manager	
<u>A</u> MBR	ZU9vi h)ans
	3401-31 3402 Aprilative PK
	Tallahassee F1 3231
	10(10/05)66 FT 2521
	
(Use attachment if necessary)	
ocument's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not be listenent of State's records.
CLE VI: Other provisions, if any.	
DE644500 01011 5115	
REQUIRED SIGNATURE:	Truffs.
Signature of	a member or an authorized representative of a member.
Signature of This document is ex	secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of This document is en I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
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