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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:





07/12/24--01001-07/12/24--07/12/

### COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	CATERPILLAR INVESTS	MENTS LLC			
SOBJE		ame of Limited Lial	oility Company		
The enclo	sed Articles of Organization an	d fec(s) are submitt	ed for filing.		
Please ret	urn all correspondence concerni	ing this matter to th	e following:		
	DAVID BAUER				
		Name	of Person		
	BAUER GUTIERREZ & BO	ORBON			
		Firm/0	Company		<b>2024</b>
	814 PONCE DE LEON BLV	D, SUITE 210			
		Ad	dress		12
	CORAL GABLES, FL 33134	1			
	DAVID@BGBLAWGROUP.		and Zip Code		2024 JUL 12 AH 9: 47
			annual report notificat	ion)	
For further	information concerning this ma	tter, please call:			
	DAVID BAUER	305 at (	340-5959		
	Name of Person	Area Code	Daytime Telephor	ie Number	
Enclosed	is a check for the following amo	ount:			
≣\$125.0	0 Filing Fee □\$130.00 Fili Certificate of	Status Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Fi Certificate of Certified Cop (additional cop	Status & Dy
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is:

# CATERPILLAR INVESTMENTS 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: Mailing Address:

	<del></del>
814 PONCE DE LEON BLVD, SUITE 210	814 PONCE DE LEON BLVD, SUITE 210
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
	<del></del>

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:

BAUER GUTIERREZ	& BORBON, PLLC Name	·
814 PONCE DE LEON	NBLVD, SUITE 210	)
Florida street address (	P.O. Box <u>NOT</u> acce	ptable)
CORAL GABLES	FLORIDA	33134
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.

/s/ David Bauer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
_MGR	DEMETRIA ROBERTSON
<del></del>	PO BOX 50810
	HENDERSON, NV 89016
(Use attachment if necessary)	
(Ose attachment if necessary)	
LEV: Effective date, if other than the dat	te of filing: (OPTIONAL) ** 2
ffective date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
e of filing.)	meet the applicable statutory filing requirements, this date will not be the
If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be fi
ument's effective date on the Departmen	الا تحل
LE VI: Other provisions, if any,	S20 <b>A</b>
•	171 - 17 - <del>171</del> 1 - 17

/s/ Demetria Robertson

Signature of a member or an authorized representative of a member.

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.

DEMETRIA ROBERTSON

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)

S 5.00 Certificate of Status (Optional)