

1/10/2020

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Division of Corporations
Florida Department of State
Division of Corporations
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((H200000115173))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
3 T.J PERUVIAN COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JAN 14 2020

T. SCOTT

RECEIVED
2020 JAN 13 AM 9:59
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
COMMERCIAL
INTEGRITY SERVICES

((H20000011517 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 TI PERUVIAN COMPANY, 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:

21 SW 15TH ROAD, SUITE 200
MIAMI, FL 33129

21 SW 15TH ROAD, SUITE 200
MIAMI, FL 33129

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:

VICTOR I SAIZARBITORIA
Name

21 SW 15TH ROAD, SUITE 200
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33129
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)

FILED
2020 JAN 13 AM 11:44
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
MIAMI COUNTY

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