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Florida Department of  
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**FLORIDA LIMITED LIABILITY CO.  
 TRIANGLE INVESTMENT GROUP RL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRIANGLE INVESTMENT GROUP RL LLC

**ARTICLE II - Address:**

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

(P) 9802 SW 150 PL Cir MIAMI FL 33196

(M) 150 West Flagler St Suite 1675  
MIAMI, FL 33130

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

STEPHEN MILLAN Esq.  
150 West Flagler St Suite 1675  
MIAMI FL 33130

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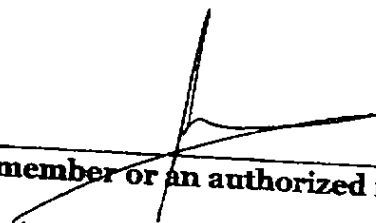
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**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

ROLANDO P PEREZ (AMBR)  
LEANDRO JOSE MORALES (AMBR)  
GLISSET M PEREZ (AMBR)  
GIOVANNI S PEREZ (AMBR)

**Required Signatures:**

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.



\_\_\_\_\_  
**Typed or printed name of signee**

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)**

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