

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6351

From:
Account Name : VUT CORPORATE SERVICES
Account Number : 123190000047
Phone : (305) 876-1516
Fax Number : (726) 542-5555

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.
TMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

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STATE
CLERK

3/4/21

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: TMI LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAO PEDRO VOLZ

Name of Person

VDT CORPORATE SERVICES LLC

Firm/Company

150 SE 2ND AVE SUITE 905

Address

MIAMI, FL 33131

City/State and Zip Code

INCORPORATION@SAINTJOSEPHGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO PEDRO VOLZ

305

503-9867

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$130.00 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
P.O. Box 6327
Tallahassee, FL 32314**Street Address**New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 323012021 MAR -4 PM 3:42
STATE
FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TM1 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:**150 SE 2ND AVE SUITE 906150 SE 2ND AVE SUITE 906MIAMI, FL 33131MIAMI, FL 33131**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:

VDI CORPORATE SERVICES LLC

Name

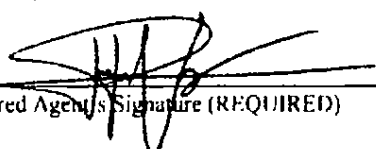
150 SE 2ND AVE SUITE 906Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Bernardo Fernandes Soares Dinardi

150 SE 2ND AVE SUITE 906

MIAMI, FL 33131

(Use attachment if necessary)

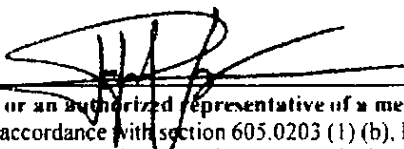
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.

JOAO PEDRO VOLZ

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)

\$ 5.00 Certificate of Status (Optional)

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 OF FLORIDA