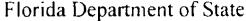
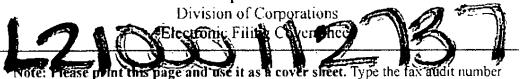
3/18/2021

Division of Corporations





(shown below) on the top and bottom of all pages of the document.

(((H210001103443)))



H210001103443ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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.

## Tumba de Pierola LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	C	I - N	lam	
ARLI		т.		ı sarın	

The name of the Limited Liability Company is:

Tumba de Pierola 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:

1900 M ST NW STE 600 WASHINGTON, DC 20036 CO TIMOTHY J. CANNEY, ESO. 1900 M ST NW STE 600 WASHINGTON, DC 20036

## 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:

CT Corporation System Name

1200 South Pine Island Road

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

Plantation Florida 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 695, F.S.

Registered Agent's Signature (REQUIRED)
C T Corporation System by: Kathryn A. Widdoes Assistant Secretary

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MIGUEL TUMBA Av. l'aseo del Mar PH Altamar del Este apt 901, Costa del Este.
	Postal Code 0832, Cludad de Panama, PANAMA
MGR	SUSANA DE PIEROLA
	Av. Pasco del Mar PH Altamar del Este apt 901. Costa del Este.
	Postal Code 0832, Ciudad de Pantana, PANAMA
(Use attachment if necessary)	
EV: Effective date, if other than the dictive date is listed, the date must be foling.)	ate of filing:
EV: Effective date, if other than the discrive date is listed, the date must be filling.) the date inserted in this block does named the date inserted in this block does named to be particularly and the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does never's effective date on the Department's effetive date on the Depart	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no

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)