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| (Req | uestor's Name) | |
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| (Addı | ress) | |
| (Addi | ress) | |
| (City/ | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only

EFFECTIVE DATE 10407



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|------|
| SUBJECT: TIGE 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: | |
| Paul M Hernandez Jr. (Name of Person) | |
| (Firm/Company) | |
| 18150 SW 77th Avenue | |
| Palmetto Bay Fluida 33157 Palmetto Bay Pluida 33157 | |
| SSS 0 # | |
| For further information concerning this matter, please call: Paul Hernandez at (305) 301-2124 (Name of Person) (Area Code & Daytime Telephone Number) | TEN. |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\text{Certificate of Status}\$\$ 130.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ \$160.00 Filing Fee, \$\$ Certified Copy (additional copy is enclosed) | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| Tide LLC (Must end with 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: |
| 18150 Sw 77th Avenue 18150 Sw 77th Avenue Palmetto Buy the 33157 Palmetto Buy FL 33157 |
| 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: Pair Hervander Start Part Part |
| 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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S |

(CONTINUED)

EFFECTIVE DATE 11407

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|-------------------------------|---|
| "MGRM" = Managing Membe | |
| <u>MGR</u> | Gino Viticlo 18150 SW 77 Ave |
| | rairmettes pay re 3513 i |
| | |
| | |
| | |
| | |
| , | |
| (Use attachment if necessary) | |
| | han the date of filing: October 4, 2007. (OPTIONAL) must be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| <u>KEQUINED</u> SIGNITURE. | 7 OCT LAHAS |
| Signature of a | member or an authorized representative of a member. |
| of this docume | with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| | Gino Viticlo 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)