## 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Articles of Organization for our company, Tiferet, LLC. If you need to contact me at any time please do so at the following:

Zane-Marie Ragone 11479 SW 40 Street Miami, FL 33165 (305)221-7236 or (305)984-1070

Sincerely,

Zane-Marie Ragone

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CALLAMASSLE, FLORIDA

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 16, 2002

ZANE-MARIE RAGONE 11479 SW 40 ST MIAMI, FL 33165

SUBJECT: TIFERET, LLC Ref. Number: W02000001290

We have received your document for TIFERET, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan Document Specialist

Letter Number: 102A00002217



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIBITIED LIABILITY COMMANY
ARTICLE I - Name: The name of the Limited Liability Company is:
TIFERET, LLC
ARTICLE H.—Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  1147 9 SW 40 MI STLEET  PS. THE TWO ADDRESSES ALE AT THE  MIAMI FL 33/65  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ZANE-MARIE RAGONE Name
11479 SW 40 STREET Florida street address (P.O. Box NOT acceptable)
MIAMI FL. FL 33165 City, State, and 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 608, F.S.  Registered Agent's Signature
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
ROSSANA L. CASTRO: Typed or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)