

L04000033443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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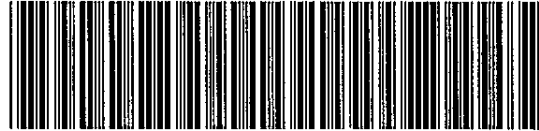
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**LAZARUS CORPORATE FILING SERVICE**

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRI-COUNTY PROPERTIES, LLC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY  
OF  
TRI-COUNTY PROPERTIES, LLC.**

**FILED**  
04 MAY -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**TRI-COUNTY PROPERTIES, LLC.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: **54 S.W. 14 Street, Miami, Florida 33134.**

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be: **PERPETUAL**

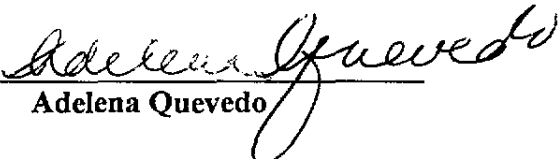
**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

<b>Adelena Quevedo</b>	<b>54 S.W. 14 Street, Miami, FL 33134</b>
<b>Daniel C. Perez</b>	<b>54 S.W. 14 Street, Miami, FL 33134</b>

The undersigned member or authorized representative of a member of **TRI-COUNTY PROPERTIES, LLC.**, deposes and says:

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

By:   
Adelena Quevedo

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**TRI-COUNTY PROPERTIES, LLC.**

2. The name and address of the registered agent and office is:

**Adelena Quevedo  
54 S.W. 14 Street  
Miami, Florida 33134**

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.

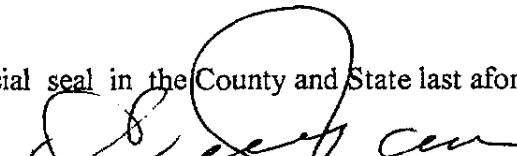
  
ADELENA QUEVEDO

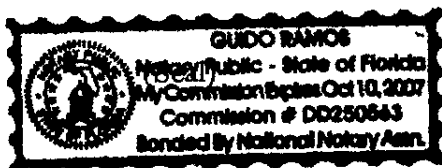
✓ 4/28/04  
Date:

STATE OF FLORIDA        }  
                                      } ss  
COUNTY OF                }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared **Adelena Quevedo**, of **TRI-COUNTY PROPERTIES, LLC.**, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 28th day of April, 2004.

  
NOTARY PUBLIC



✓ Guido Ramos  
Printed Name of Notary