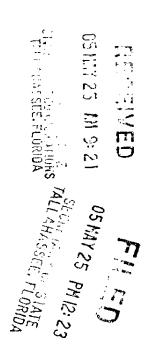
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

ne#

Williams Williams

OFFICE USE ONLY

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

Tequesta (Corporation Name)	Penthouse, LLC
V(Corporation Name)	/ (Decument #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in	ime
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	

OTHER FILNGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

Examiner's Initials

PANY A CONTRACTOR ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO ARTICLE I - Name: The name of the Limited Liability Company is: TEQUESTA PENTHOUSE, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: **Principal Office Address:** 848 BRICKELL KEY DRIVE, UNIT: 4501 848 BRICKELL KEY DRIVE. UNIT: 4501 MIAMI, FL 33131 MIAMI, FL 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: DAMARIS ALAMO Name

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..

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

33131

Registered Agent's Signature

848 BRICKELL KEY DRIVE. UNIT: 4501

City, State, and Zip

MAMI

(CONTINUED)

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" = Manag	ging Member			
MGRM	-	DAMARIS ALAMO 848 BRICKELL KEY DRIVE. UNIT: 4501 MIAMI, FL 33131		
 -	-			
	-			
	-			
(Use attachment if	necessary)			
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGN	NATURE:			
_		Phin		

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.)

DAMARIS ALAMO

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)