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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	·····································
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		I

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OF APR 11 PM 4: 15

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	erif Techno (Name of Limited	1 Liability Company)	-
The enclosed Articles o	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
los	eph A. Za	mbella Name of Person)	·
	·		8
		Firm/Company)	06 BER 97
1255	5 NW 141	5th Terrace	11 P
		(Address)	4. AA
Pembr	oke Pines,	FL 3302	8
	(City.	/State and Zip Code)	
For further information	concerning this matter, please	call:	e.
Joseph 7	Tambella	at (954) 438- (Area Code & Daytime Te	O(35)
(114111	o or r orgony	(, non course of only time 15	
Enclosed is a check for	or the following amount:		1
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tcerif Technology (Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Pembroke Pines, FL 33028	Pembroke P. Nes, FL 33028
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Joseph A. 7 Name	ambella =
1255 NW 141 Florida street ad	dress (P.O. Box NOT acceptable)
Penbode Pinas, City, State,	FL 33028 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 (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Mem	ber
MGR	Joseph A Fambella 1255 NW 140th Terroce Pembroke Pines, FL 33028
	OR APR
(Use attachment if necessary	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.	than the date of filing: (OPTION.e must be specific and cannot be more than five business date.)
and a more one and or ming.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee