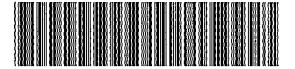
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(Re	questor's Name)	.
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u></u>
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE PALLAHASSEE, FLORIDA

3 APR 24 PM 12:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRAVIC Properties 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:
Victor Aguayo Name of Person)
Civalite of Tersons
(Firm/Company)
9961 white Rd.
Ocoee Fl. 34761 FG 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: UicAsucyo (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Ac	iaress:	<u>7</u>	<u>lailing Address:</u>				
Victor A 9961 Whi ocoee, F	guayo te Rd.		0:ctor 9961 W 0000	Aguaya hiterd e, F1.34	<u> </u>	06	
ARTICLE III - Re (The Limited Liability Conbusiness entity with an ac	npany cannot serve a	s its own Registered	ffice, & Registere Agent. You must design	ed Agent's Signa mate an individual or	atubely another C	06 APR 24 1	FILED
The name and the Fi	orida street add	ress of the regi	stered agent are: ムソン		FLORIDA FLORIDA	PH 12: 27	Ö
_	9961	Name Whit	e RJ.	<u>. </u>			
	Flo	rida street address	(P.O. Box NOT acc	eptable)			
-	Ocoe	e		· · · · · · · · · · · · · · · · · · ·		τ.	_
		City, State, and 2	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)

(CONTINUED) Page 1 of 2

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 Member MG- K	Victor Aguayo 9961 white RJ. Ocoee, F1.34761		*		
	AL AMASSE MASSE	06 APR 24			
(Use attachment if necessary)	OF STATE	PM 12: 27	ILED		
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)			ior		
REQUIRED SIGNATURE:					
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury		1014 1-1 1-1		

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)