Monopolity And Antipathies Ant
Public Access System Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
(((H06000127833 3)))
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : EMPIRE CORPORATE KIT COMFANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 Fax Number : (305)633-9696
FLORIDA/FOREIGN LIMITED LIABLITY CO. TWINPULSE TECHNOLOGIES, LLC
TWINPULSE TECHNOLOGIES, LLC Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$155.00

t

ļ

ļ

i

ЕМРІКЕ СОКР.

•

50.9 JATOT

406000127833

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF TWINPULSE TECHNOLOGIES, LLC.

ARTICLE I Name:

The name of the Limited Liability Company is:

TWINPULSE TECHNOLOGIES, LLC.

ARTICLE II Address:

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

18851 NE 29th Avenue, Ste 900 Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida Street Address of the registered agent are:

> Leonardo A. Roth, Esq. Roth, Rousso, Katsman & Schneider, LLP. 18851 NE 29th Avenue, Ste 900 Aventura, FL 33180

Having been named as negistered agent and to accept service of process for the above stated limited liability company at the place designated in this cartificate. 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 thy 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 Agents's Signature

ARTICLE IV Management: (Check box if applicable)

<u>x</u> The Limited Liability Company is to be managed by the managers and the name and address of the mamagers are:

Maria Veronica Tramallino: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180

Signatury

(In accordance with section 608,408 (3), Florida Statutes, die execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Maria Veronica Tramallino Typed or printed name of signee

HO6000127833

06 MAY -8 AM 10: 2