L06000068673

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	- North Name of the American	
(D0	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		711 L
	<u> </u>	



300077171083

07/10/06--01009--015 **130.00

COVER LETTER

Division of Co			
_{SUBJECT:} Tula a	nd Tupi LLC		
50B02C1.	-	d Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
Rachel Pa			
	(Name of Person)	
Tula and	Tupi LLC		
		(Firm/Company)	
1717 N. Bayshore Drive #3456			OF JUL 10 PH 1:41 SECRITORIES FLORIES FALLAGEE,
		(Address)	75000000000000000000000000000000000000
Miami, F	lorida 33132		PH SEE, F
	(City	/State and Zip Code)	STP
For further information	concerning this matter, please	call:	最高ニ
Rachel Paul		at (786) 282-62	18
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee .	\$130.00 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 Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Tula and Tupi LLC		
	imited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:	<u>, 06</u>	
The mailing address and street address of the	e principal office of the Limited Liability Company Is	
Principal Office Address:	Mailing Address:	
Tula and Tupi LLC	Tula and Tupi LLC	
1717 N. Bayshore Drive #3456	1717 N. Bayshore Drive #3456	
Miami, Florida 33132	Tula and Tupi LLC 1717 N. Bayshore Drive #3456 Miami, Florida 33132	
	y	
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another	
The name and the Florida street address of the	he registered agent are:	
Rachel Paul		
Na	nme	
3363 S.W. 28th Stree	et	

FL 33133 City, State, 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..

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

Registered Agent's Signature (REQUIRED)

Miami

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Rachel Paul 3363 S.W. 28th Street Miami, Florida 33133 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)