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.

(((H06000249428 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 : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238

Phone

: (305)591-9448

Fax Number

: (954)753-3447

ORIDA/FOREIGN LIMITED LIABILITY CO.

TUVALSA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efileovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, , , , , , , , , , , , , , , , , , ,	ACM I CIL	PROMOW PROMISED	LIADITAL	I COMPANI
ARTICLE I - No. The name of the l		ty Company	ris:		
		,			
TUVALSA, LLĆ	t				
(Must and with the wor	ds "Limited Linkilly	у Сотрану, "ఓ	imited Company of their abbrev	iation "LLC," or	~.C.")
ARTICLE II - A The mailing addre		ddress of the	s principal office of the L	imited Liabil	lity Company is:
Principal Office	Address:		Malline Address:		2006
12211 SW 122 PATH	r		11010 NW 30 ST STE 1	04	38 1
MIAMI, FL 33186			COL 5205	, and	
			MIAMI, FL 33172		
i ne name and the	CARLOS YAC				
t	12211 SW 12	2 PATH			
		Florida street	address (P.O. Box <u>NOT</u> accep	Mabie)	
	MIAMI		FL 33185		
	· · · · · · · · · · · · · · · · · · ·	City, Stat	c, and Zip		
liability compa registered agent a statules relating	my at the place ond agree to act to the proper on gasians of my parties.	designated to in this capate and complete osition as re	to accept service of proces It this certificate, I hereby city. I further agree to com performance of my duties, performance of proces	accept the ap uply with the ; , and I am fan	pointment as provisions of all siliar with and
•	acquities,	· ukerr r 400	nomin theid minimity		

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM ·	SEAQUEST HOLDING, INC.
	CALLE 48 ESTE, BELLA VISTA PO BOX 0818-01832
	PANAMA 5, PANAMA
MGRM	MULLEIN FUTURE, LTD
•	CALLE 48 ESTE, BELLA VISTA PO BOX 0816-01832
	PANAMA 5. PANAMA
Use attachment if necessary)	

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 that the facts stated herein are true.)

CARLOS YACAMAN SEGRERA

Typed or printed name of signee