| (Requestor's Name) | |
|---|---|
| (Address) | 800108968378 |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 69/10/0701049021 ** |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | OF SEP 10 PM 12: 38 SECRE MASSEE, FLORIDA |
| | |

Office Use Only



160.00

COVER LETTER

| TO: Registration Solvision of Co | | | | | | |
|--|--|---|---|--|-----------|--------|
| SUBJECT: TROK | ADERO LLC | | | | | |
| | | d Liability Compa | ny) | | | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing | J. | | | |
| Please return all correspondent | ondence concerning this matte | r to the following | : | | | |
| FRANCK | HAZIZA | | | | | |
| | (| Name of Person) | | | | |
| TROKA | ERO LLC | | | | | |
| <u></u> | (| Firm/Company) | | | | |
| 960 NE 7 | 74TH STREET | | | ======================================= | | |
| ************************************** | | (Address) | | |)7 S | ca: |
| MIAMI. | FL . 33138 | | | AHAS | ij | |
| | (City | /State and Zip Code | :) | SE SE | 0 | ر ز |
| For further information | concerning this matter, please | call· | | Th.C. | PM 12: 35 | 5 |
| 1 of hadren intollination. | one of the second secon | | | TATI ORIE | .⊹ ∵ | 132 |
| nameche do | | _{.at} _ 786 | 229 649 | | ⊅n | |
| (Name | of Person) | (Area Cod | e & Daytime Tele | ephone Number) | | |
| Enclosed is a check for | r the following amount: | | | | | |
| \$125,00 Filing Fee | S130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Co (additional cop | ру | \$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en | us & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati Division Clifton E 2661 Exe | ourier Address ion Section of Corporations building ecutive Center C see, FL 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company | / is: |
|--|--|
| TROKADERO LLC | |
| (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LL.C.") |
| ARTICLE II - Address: | |
| The mailing address and street address of th | ne principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 960 NE 74TH STREET | 960 NE 74TH STREET |
| MIAMI / FL / 33138 | MIAMI FL 33138 |
| business entity with an active Florida registration.) The name and the Florida street address of t Dominique NAM | MECHE AFE SE |
| Ni | lame SST |
| 960 NE 74TH S | |
| | et address (P.O. Box NOT acceptable) |
| MIAMI FL 331 | et address (P.O. Box NOT acceptable) 138 FL tate, and Zip |
| Having been named as registered agent and | d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managi | Name and Address: ng Member | |
|---|---|----------------------------------|
| MGR | FRANCK HAZIZA 107 rue de longchamp 92200 neuilly france | s/seine |
| MGRM | ALEXANDRA HAZIZA 107 rue de longchamp 92200 neuilly s/s france | seine |
| | | |
| | | |
| | e, if other than the date of filing:, the date must be specific and cannot be more than five by | (OPTIONAL) usiness days prior |
| REQUIRED SIGN | ATURE: | |

Filing Fees:

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

franck haziza

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee