L07000107970

Florida Department of State
Division of Corporations
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.

(((H07000263148 3)))

H07000263148ABC+

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)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
07 OCT 24 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
07 OCT 24 AM 8:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tikum, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

JB

Electronic Filing Menu Corporate Filing Menu Help

(2)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

TIKUM, LLC

ARTICLE I Name:

The name of the Limited Liability Company is:

TIKUM, 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, LLP. - 18851 NE 29th Avenue, Ste 900 - Aventura, FL 33180

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

ARTICLE IV Management: (Check box if applicable)

x The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

1. Gabriel Mendelzon: 18851 NE 29th Avenue, Ste 900 - Aventura, FL 33180

Signature

(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)

Gabriel Mendelzon
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 24 AM 8:23

H07000263148