

U07000128177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

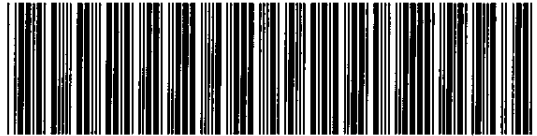
Special Instructions to Filing Officer:

U0700001431

Office Use Only

EFFECTIVE DATE

12-31-07



500113238425

12/19/07--01013--016 \*\*160.00

FILED  
07 DEC 28 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 28 2007

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRICASA GROUP, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT F. CASALES  
(Name of Person)

TRICASA GROUP, LLC  
(Firm/Company)

2501 S. DOUGLAS RD. PH-3  
(Address)

MIAMI, FL. 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT F. CASALES, 335, 790-6906  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 28 AM 10:32

FILED

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2007

ALBERT F. CASARES  
2501 S. DOUGLAS RD. PH-3  
MIAMI, FL 33133

SUBJECT: TRICASA GROUP, LLC  
Ref. Number: W07000061431

We have received your document for TRICASA GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 19, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 607A00070992

FILED  
07 DEC 28 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TRICASA GROUP "LLC"

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

2501 S. DOUGLAS RD.  
PH-3  
MIAMI, FL. 33133

### Mailing Address:

SAME

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

OSCAR TRIANA

Name

275 S.W. 84 AVENUE

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

MIAMI FL 33144

City, State, and Zip

FILED  
07 DEC 28 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 12-31-07

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ALBERT F. CASARES  
2501 S. DOUGLAS RD.  
MIAMI, FL. 33133 PH-3

MGRM

ETEL G. TRIANA  
275 SW 84 AV  
MIAMI FL 33144

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12-31-2007. (OPTIONAL)  
(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 that the facts stated herein are true.)

ALBERT CASARES

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 28 AM 10:32

FILED