

L100000057250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

L. SELLERS

MAY 27 2010

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FILED
10 MAY 26 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIODELSUR, 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:

ALFREDO ARRONDO

Name of Person

TRIODELSUR, LLC

Firm/Company

548 N. UNIVERSITY Dr

Address

PLANTATION, FL 33324

City/State and Zip Code

aarrondo@access4less.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO ARRONDO

Name of Person

at (786) 514-7240

Area Code & Daytime Telephone Number

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

May 10, 2010

ALFREDO ARRONDO
548 N. UNIVERSITY DR
PLANTATION, FL 33324

SUBJECT: TRIODELSUR, LLC
Ref. Number: W10000022700

We have received your document for TRIODELSUR, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 010A00011754

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIODELSUR, 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:

548 N. UNIVERSITY DR
PLANTATION, FL 33324

Mailing Address:

548 N. UNIVERSITY DR
PLANTATION, FL 33324

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:

ALFREDO ARROWDO

Name

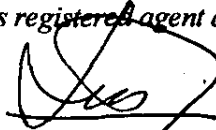
548 N. UNIVERSITY DR

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

PLANTATION, FL 33324

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

• CARLOS OSCAR VAZQUEZ
AV. LASTRA 3816, P2#4
BUENOS AIRES, CP1419, ARGENTINA
MAILING ADDRESS: 548 N. UNIVERSITY ST
PLANTATION, FL 33324

MGR

• ALFREDO ARRONDO
548 N. UNIVERSITY ST
PLANTATION, FL 33324

MGR

• CARLOS HERNAN VAZQUEZ
LAVALLEDA 162, P1#E
BUENOS AIRES, CP1419, ARGENTINA
MAILING ADDRESS: 548 N. UNIVERSITY ST
PLANTATION, FL 33324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

ALFREDO ARRONDO

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)