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J. SAULSBERRY EXAMINER NOV 1 7 2010

# **COVER LETTER**

	of Corporations		
SUBJECT:	Tag Con	Hinental LUC mited Liability Company	
	Name of Li	mited Liability Company	
The enclosed Artic	les of Organization and fee(s) :	are submitted for filing.	
Please return all co	rrespondence concerning this n	natter to the following:	
	Daniel	Bensinon, Esq.	
		TRIBLE VI FORKI	
	Bensim	an Law, P.A. Firm/Company	
	6100 6	Address Address	
	Boca Hat	on Florida 33434 E	
	Donie Hel ben	Cily/State and Zip Code  psimontaxlaw.com ed for future annual report notification)	
	E-mail address: (to be use	ed for future annual report notification)	
For further informa	tion concerning this matter, ple	ease call:  or SIATE  at ( 561 ) 218 - 494 7	C
Daniz	el Bensimon	at ( 561 ) 218 - 494 7 5 8	
N	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Status  Certified Copy  Certificate of Status	, ; &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporation P.O. Box 6327		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Tag Continenta / 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:				
Libertad 1240 , Swite 33  Buenos Aires, Argentina C1012AAZ	Buenos Aires, Argentina CIOIQAAZ			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.    Daniel   Name	tered Agent. You must designate an individual or another			
statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
Daniel 1	Planemon			

(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:

MGRM	Guillermo Garat Libertad 1240, Suite 33 Buenos Aires, Argenting C1012AAZ
MG-R	Rodrigo Lygones Libertad 1240, Swite 33 Buenos Aires, Argentina C1012AAZ
	ZOIO NOV
(Use attachment if necessary)	ARY OF STATE SSEE. FLORIDA
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	
REQUIRED 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

<u>Daniel Bensimon</u>
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)