Division of Corporations **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.

(((H11000228826 3)))



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 : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019 : (305)552-5973 Phone

Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

TICA PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

K. SALY EXAMINER SEP 2 0 2011

Electronic Filing Menu

Corporate Filing Menu

Help

9/19/2011 12:41 PM

H 1 1 0 0 0 2 2 8 8 2 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
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: Mailing Address:		
2605 SW 115 avenue 2605 SW 115 avenue P Muanu FL 33165 Mianu, FL 33165		
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:		
Kennya Quesada		
2605 SW 115 avenue, Florida street address (P.O. Box NOT acceptable)		
MIQMI FL 33165 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)

Page 1 of 2

H11000228826

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	Name and Address:	
"MGRM" = Managing Member	, .	
MGRM	Kennya Quesada 2609 swissaurnue Miami, Fl 33165	
,		
•		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)	
(If an effective date is listed, the date must be specific and cannot be more than five business days pri		
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
$\mathcal{L}_{\mathcal{O}}$	ulsa Guncela	
Signature of a member of	an authorized representative of a member.	
constitutes an affirmation under the	8(1) Florida Statutes, the execution of this document penalties of penjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)	
Typed	nya Quesada or printed name of signee	

Page 2 of 2