Oct 21 2011 4:15 M HP LEATE AFAIL Division of Corpor cons

Florida Department of State

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.

(((H11000254092 3)))



H110002540923ABCY

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 : JORGE L. GURIAN P.A.

Account Number: 120010000123 Phone: (305)279-4101

Fax Number : (305)279-1489

Y OF STATI SEE, FLORII

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

Emmil	Address:	:			
-------	----------	---	--	--	--

FLORIDA LIMITED LIABILITY CO.

TRESSIETE LLC.

Certificate of Status	O Taraharandan waran Famoran and aran Taraharan and aran
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T. CLINE

OCT 24 2011

EXAMINER

THOOT 21 AN 7:01
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit Number H11000254092 3
Account Number I20010000123

Articles of Organization for TRESSIETE LLC. a Fiorida Limited Liability Company (FS § 608.407)

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

- 1. Name. The name of this company shall be: TRESSIETE LLC.
- 2. Mailing Address. The mailing address and the street address of the principal office of the limited liability company shall be: 2665 S. BAYSHORE DR. STE 908 MIAMI, FL 33133
- 3. Duration/Continuation. The period of this company's duration shall be perpetual unless terminated by the unanimous written agreement of all members or by the death, retirement resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued members hip of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.
- 4. Managing Members: The name and address of the individual who will serve as managing members are as follows:

CRISTINA LOBO 2665 S. BAYSHORE DR. STE 906 MIAMI, FL 33133

- 5. Registered Agent and Office. The name and street address of the initial registered agent and office for this company is as follows: Jorge Gurian, 2665 South Bayshore Drive, Suite 906, Coconut Grove, Florida 33133.
- 6. Admission of Additional Members; and Terms and Conditions of such Admissions: Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon receiving the written application of such new Member, and in the manner set forth in the Bylaws of this Company.

Fax Audit Number H11000254092 3 Account Number I20010000123 Fax Audit Number H11000254092 3 Account Number I20010000123

- 7. Right to Continue Business. The remaining members may sonting the Business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the corrigued membership of a member in the company.
- 8. Management of Company. The business of the Company shall be managed by the Managing Member. The name and address of the Managing Member is sat forth above in Article 4.

IN WITNESS WHEREOF, the undersigned Incorporator(s), through their authorized representative, have hereunto set their hands and seals this 21ST day of October, 2011.

AUTHÓŔIZED REPRESENTATIVE

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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

JORGE GURIAN

Fax Audit Number H11000254092 3 Account Number I20010000123 Fax Audit Number H11000254092 3 Account Number I20010000123

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND A REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TRESSIETE LLC.
- 2. The name and the Florida street address of the registered agent are:

Jorge Gurian 2665 South Bayshore Drive Suite 906 Coconut Grove, Florida 33133.

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.

ORGE GURIAN

OCT 21 RX 65 CRETARY OF STAT LAHASSEE, FLOR

Fax Audit Number H11000254092 3 Account Number I20010000123