

07/22/2031 05:24

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Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

Effective Date **9-5-13**

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## FLORIDA LIMITED LIABILITY CO. TUPRECON LLC.

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

2013 SEP -9 AM 8:52  
STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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J. SAULSBERRY  
EXAMINER  
SEP 10 2013

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TUPRECON 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:Mailing Address:1428 Brickell Ave Suite 305  
Miami FL 33131Same

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

John De La Ossa

Name

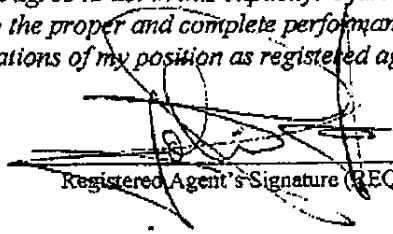
1428 Brickell Ave Suite 305Florida street address (P.O. Box NOT acceptable)Miami

FL

33131

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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 OF FLORIDA

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

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

**Title:**

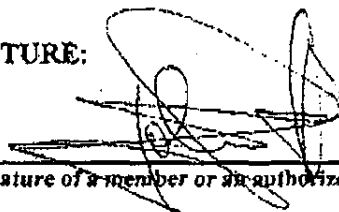
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRJohn De La Ossa  
1428 Brickell Ave Suite 305  
Miami FL 33131MGRMLuis Hermidez Vergel  
1428 Brickell Ave Suite 305  
Miami FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/05/2013 (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.)

John De La Ossa

Typed or printed name of signer

**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)

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