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Effective Date 11614

01/09/14--01017--013 **5.00

01/09/14--01017--012 **125.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JAN -9 PM 1: 57





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TO BE Three L.L.C 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:
Rangich Rol Name of Person
Firm/Company
4521 SW 5 terr
Address
Coral Gables, FL 33143 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bangich Bol at (786) 304-4788 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Effective Date 1/0/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Linkillity Common link
The name of the Limited Liability Company is:
To Be Three 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:
4521 Sw 5 terr Coral gables, FL 33143 Coral Gables FL 33143
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:
Name
Name
4521 SW Stell
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33143 City Zip
City 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 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR/GEO	Bangich Bol 4521 SW 5ters Coint Gables, Fl 33143
(Use attachment if necessary)	
EV: Effective date, if other than the date of filing	
EV: Effective date, if other than the date of filing	g: (OPTIONAL) nd cannot be more than five business days prior to or 90
EV: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.)	
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the constitutes an affirmation under the	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of th	or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document e penalties of perjury 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.)
E V: Effective date, if other than the date of filing ective date is listed, the date must be specific and filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of th	or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document e penalties of perjury 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.)

Page 2 of 2