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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TALLANSSET FLORIES

J. Shivers JAN 3 0 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tributo, LLC	
SUBJECT:	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Sergio Monteiro E	Barros
	Name of Person
	Firm/Company
2504 Harrison Ave	Э
	Address
Orlando	
_	ity/State and Zip Code
sergio.barros@icloud.con E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, plea	·
Sergio M Barros	
aı (_	760 7340 Area Code Daytime Telephone Number
Number of Person	Daytime receptione Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Tributo, LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	cinal office of the Limited Liability Company is:	
	Mailing Address:	
2504 Harrison Ave.	2504 Harrison Ave	
Orlando, FL 32804	Orlando FL 32804	
<u>, , , , , , , , , , , , , , , , , , , </u>		
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regi The name and the Florida street address of the regi	ts own Registered Agent. You must designate an in istration.)	dividual or
Orlando Managerial Education	n, LLC	<u> </u>
	Name r	
3356 Robert Trent Jones Dr. t	unit 105	27
Florida street address (P.	O. Box NOT acceptable)	
Orlando	FL 32835	
City	Zip	
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	cept service of process for the above stated limited it is accept the appointment as registered agent and agreements of all statutes relating to the proper and compute obligations of my position as registered agent at Chapter 605, F.S.	ree to act in this plete performance

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Sergio Monteiro Barros
	2504 Harrison Ave
	Orlando FL 32804
fective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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