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SECRE IANY OF STATE ALLAHASSEE, FLORIDA

FEB 2 5 2013 T. HAMPTON

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	Tres Bonitas Holdings, ŁLC	
SUBJECT	Name of Limited Lia	bility Company
The enclos	sed Articles of Organization and fee(s) are submit	ted for filing.
Please retu	urn all correspondence concerning this matter to the	ne following:
	Rhonda Horvitz, Paralegal	
	Name	of Person
	Goldbium Sablowsky, LLC	
	Firm/	Company
	285 E. Waterfront Drive, Suite 16	60
	Ad	ldress
	Homestead, PA 15120	
	City/State Kathy@eyeflow.com	and Zip Code
		for future annual report notification)
For further	r information concerning this matter, please call:	
Rhond	da Horvitz 412	464-2230
<del></del>	Name of Person Area Cod	Daytime Telephone Number
Enclosed is	Certificate of Status Cer	5.00 Filing Fee & \$160.00 Filing Fee, tified Copy onal copy is enclosed) 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:					
Tres Bonitas Holdings, LLC		_				
(Must end with the wo	rds "Limited Li	ability Con	npany, "L.L.C.," or	"LLC.")		
ARTICLE 11 - Address: The mailing address and street address of th	e principal offic	ce of the Li	mited Liability Com	pany is:		
Principal Office Address:	Mailing	Address:				
1013 East Carson Street		San	NL			
Pittsburgh, PA 15203						
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot sen another business entity with an active Florie The name and the Florida street address of t	ve as its own Redaregistration.)	egistered A			dual o	r
InCorp Servi	Ţ,	_				
	Name					
17888 67th (	Court North	h				
Florida street addre	<del></del>		able)			
Loxahatchee		FL	33470 Zin			
C	ity		Zip			
Having been named as registered agent and the place designated in this certificate, I capacity. I further agree to comply with the of my duties, land I am familiar with and Registered in	hereby accept the provisions of accept the oblig Chapte.  O N Signature	the appoints all statutes gations of mr 605, F.S	ment as registered as relating to the property position as registe	gent and agree to er and complete red agent as pro	o act i perfo ovided	in this rmance I for in
	(CONTINUE	(ט.				
	Page 1 of 2			IALLAH	SECKE	7014 FE

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR MGR	Philip Laboon 1013 East Carson Street Pittsburgh, PA 15203
/lies attachment if accessors	
of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the da ective date is listed, the date must be s of filing.)	
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false	
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, a information submitted in a document to the Department of State

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