## L14000162811

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800264887448

10/14/14--01049--018 \*\*130.00



FILEU MO 28

. COVER LETTER Registration Section... TO: **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Tyros Arrow 2 @ ameil. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Mailing Address

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**⊠**\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Tyros Arrow, LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LI	-C.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
1494/ SW 82 nd Tell	Jone	·
Micami, F1 33193		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designa	te an individual or
The name and the Florida street address of the registered as	gent are:	2014 OC F
Florida street address (P.O. Box N	100,20	タ
Hismi	FL 33193	M IO
City	Zip	Z8
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept th capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent all statutes relating to the proper ar	and agree to act in th is nd complete perform ance
Registered Agents Signatur	e (REOLURED)	
Registered Agents Signatur	c (vedouved)	

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager  AMBLE	Name and Address:  Jugusto V. Jodiacez 1494 5W 82 nd Terr JApt. 204 Hisni F1 33193
(Use attachment if necessary)	
of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
fective date is listed, the date must be spe	
fective date is listed, the date must be spe of filing.)	

ARTICLE IV-