

Division of Corporations

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

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 07677C003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ME@ABOGADOMIAMI.COM

FLORIDA LIMITED LIABILITY CO.  
TUA MINORITY BUILDERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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14 OCT 27 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 28 2014

S. YOUNG

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **TUA MINORITY BUILDERS LLC**

**ARTICLE II- Address:**

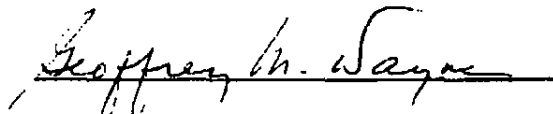
The mailing address and street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.  
135 San Lorenzo Ave.,  
PH 840  
Coral Gables, Florida 33146-1513

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

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**Article IV – Management**

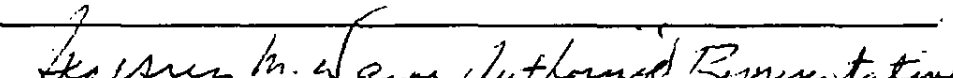
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
Manager

**Name and Address:**  
Juan Andres Urbina  
135 San Lorenzo Ave., PH 840  
Coral Gables, FL 33146

**Article V – Effective date**, if other than the date of filing: \_\_\_\_\_

**ARTICLE IV – Other Provisions**, if any.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Geoffrey M. Wayne  
Typed or printed name of signee

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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