

U5005065266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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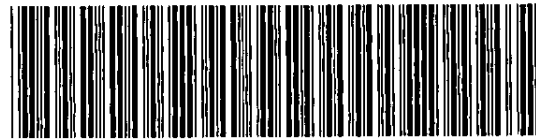
(Business Entity Name)

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515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**INVERSIONES TABGOR 2, LLC**

**(\*\*\*Please File 2nd before Inversiones Tabgor 3, LLC\*\*\*)**

**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Formation</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>New Formation</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/14/2015

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Order#:  
**9514466**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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Order#:  
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**ARTICLES OF ORGANIZATION**  
**OF**  
**INVERSIONES TABGOR 2, LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is **Inversiones Tabgor 2, LLC** (the “Company”).

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Company is 3333 N.W. 97<sup>th</sup> Avenue, Doral, Florida 33172.

**ARTICLE III – Management**

The Company shall be managed by its manager and is, therefore, a manager-managed Company. The name and address of the initial manager of the Company is:

Inversiones Tabgor Holdings Ltd. – Hunkins Waterfront Plaza, Suite 556, Main Street,  
Charlestown, Nevis.

**ARTICLE IV – Registered Agent and Office**

The street address of the Company’s initial registered office is 3333 N.W. 97<sup>th</sup> Avenue, Doral, Florida 33172, and the name of its initial registered agent at such office is Jaime Cohen.

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.

Dated this 14~~th~~ day of April, 2015.



\_\_\_\_\_  
Wilma J. Whitted  
Authorized Person

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for **Inversiones Tabgor 2, LLC** at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Florida Statutes Chapter 605.

Dated this 09 day of April, 2015.

  
\_\_\_\_\_  
JAIME COHEN

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