

L16000009867

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000015045 3)))



H160000150453ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 19 PM 1:10

APPROVED
AND
FILED

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
TRE-FLIP INVESTMENTS L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

105382

Electronic Filing Menu

Corporate Filing Menu

Help

11/11

H16000015045

2

ARTICLES OF ORAGNIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRE-FLIP INVESTMENTS L.L.C.

ARTICLE II - Address: 17664 SW 134 PLACE MIAMI, FL. 33177

The mailing address and street of the principal office of the Limited Liability Company is:

17664 SW 134 PLACE MIAMI, FL. 33177

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

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

ANDY MARTINEZ CPA

Name

6700 SW 74th STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI FL. 33143

City, State and Zip

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.

Andy Martinez

Registered Agent's Signature

ARTICLE IV - Management (Check if applicable)

☒ The Limited Liability Company is to be managed by one or more managers and is therefore, a manager - managed company.

MARK MARTINEZ 17664 SW 134 PLACE MIAMI, FL. 33177

ALEXANDER ZUST 17664 SW 134 PLACE MIAMI, FL. 33177

(An additional article must be added if an effective date is requested)

Mark Martinez

Signature of a member or an authorized representative member

(in accordance with section 605.020^{(1)(b)}, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Mark Martinez

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 19 PM 1:10

APPROVED
AND
FILED