02/09/2016 ivision 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.

(((H16000033640 3)))



H160000338403ABCX

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 : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : 120100000018 Phone .

: (305)961-1450

Fax Number

: (305)423-3979

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

FLORIDA LIMITED LIABILITY CO. TRIFECTA NEW ORLEANS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 1 0 2016

2/9/2016

H16000033640 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

TRIFECTA NEW ORLEANS, LLC

ARTICLE II ADDRESS

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

Mailing Address: 635 HARBOR DR KEY BISCAYNE, FL 33149 Principal Office Address: 635 HARBOR DR KEY BISCAYNE, FL 33149

ARTICLE III REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the registered agent is:

Maria A. Hudson, Esq.
Stolzenberg Gelles Flynn & Arango, LLP
1401 Brickell Avenue, Suite 825
Miami, Florida 33131

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.

Maria A. Hudson, Esq., Registered Agent

(CONTINUED)

Page 1 of 2

H16000033640 3

ARTICLE IV MANAGEMENT

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

AMBR:
Authorized Member

TRIFECTA PARTNERS, INC. 635 HARBOR DR KEY BISCAYNE, FL 33149

Maria A. Hudson, Esq., Authorized Representative

(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.)