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SECRETARY OF STATE



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COVER LETTER

	tion Section of Corporations		
SUBJECT:	Throne Roo Name of Li	om Management LL imited Liability Company	C
The enclosed Artic	cles of Organization and fee(s) a	are submitted for filing.	
Please return all co	orrespondence concerning this n	natter to the following:	
<u></u>	Je	Name of Person	
	Thro	one Room Manage ment	
	1311 1	Address	
	Miami,	FL 33167 City/State and Zip Code	
	JPKina	S 1 @ a o 1. Com ed for Prime annual report notification)	
	E-mail address: (to be use	ed for Representation and report notification)	
For further informa	tion concerning this matter, pta	.स्ट call:	
Jen	Name of Person	305 373 - 4647 Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing Fe	See \$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	.00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABILITY COMPANY

(Must e	Throne Road with the words "Limited L	Down May a Liability Company, "I	gevnevit L.C.," or "LLC.")	LLC_
ARTICLE II - Address: The mailing address and stree	et address of the principal offi	ice of the Limited Lia	ability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Add	ress:
	1, 116 th st.		Ol Miraflore lahasse FL	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	any cannot serve as its own R an active Florida registration.	egistered Agent, You)		ndividual or
(The Limited Liability Compa	any cannot serve as its own R an active Florida registration. eet address of the registered a	egistered Agent. You) gent are:		ndividual or
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(The Limited Liability Compa another business entity with a	any cannot serve as its own R an active Florida registration. Terry 8665 Alexa	egistered Agent. You gent are: Piecce lus Name	u must designate an ii	ndividual or
(The Limited Liability Compa another business entity with a	any cannot serve as its own R an active Florida registration. eet address of the registered a	gent are: Pierre M S Name Adrite C+ P.O. Box NOT acce	u must designate an in	ndividual or

Pindus I-

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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To the second

The name and address of each person	
J <u>itle:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	T 0
<u> </u>	Jerry Pierrelus 1311 N.W. 116" St.
	Miami, FL, 33167
AMBR	Jennifer Lopez
	8665 Alexandrite Ct.
	Tallonass, FL . 32309
(Use attachment if necessary)	
e of filing.)	date of filing: 2/17/16 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ent of State's records.
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