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Division of Corporations

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**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

**FLORIDA LIMITED LIABILITY CO.
TRIFECTA BELMONT AVE, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

TRIFECTA BELMONT AVE, 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 BISCAVNE, FL 33149


Principal Office Address:
635 HARBOR DR
KEY BISCAVNE, 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)

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**ARTICLE IV
MANAGEMENT**

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

AMBR: **TRIFECTA PARTNERS, INC.**
Authorized Member 635 HARBOR DR
KEY BISCAVNE, 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.)

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