



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Competition Firm, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alissa Rae Miller  
Name of Person

The Competition Firm, LLC  
Firm/Company

10 SW South River Drive, #1611  
Address

Miami, FL 33130  
City/State and Zip Code

alissarae305@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissa Rae Miller      305      491-7036  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Competition Firm, LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

C/O Tyrone King  
15470 SW 10th Street  
Miami, FL 33194

C/O Tyrone King  
15470 SW 10th Street  
Miami, FL 33194

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C/O Tyrone King  
Name  
15470 SW 10th Street  
Florida street address (P.O. Box **NOT** acceptable)  
Miami                      FL                      33194  
City                              State                              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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 APR 25 PM 12:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Paola Hernandez

15470 SW 10th Street

Miami, FL 33194

AMBR

Alissa Rae Miller

10 SW South River Drive, Apt 1611

Miami, FL 33130

AMBR

Tyrone King

15470 SW 10th Street

Miami, FL 33194

AMBR

Constanza Verdejo

801 Brickell Bay Dr. Apt 1769

Miami, FL 33131

(Use attachment if necessary)

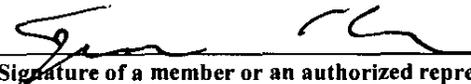
**ARTICLE V:** Effective date, if other than the date of filing: 4/20/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.  
see attached for additional AMBR.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Tyrone King

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Continuation:

Article IV-

AMBR

Murad Aliazi  
3344 SW 37<sup>th</sup> Avenue  
Coconut Grove, FL 33133