

05/13/2016 18:07

(FAX)

P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
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Account Number : I20100000018
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FLORIDA LIMITED LIABILITY CO.
TP SEMINOLE AVE, LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

TP SEMINOLE AVE, LLC

**ARTICLE II
ADDRESS**

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

Mailing Address:
260 CRANDON BLVD.
SUITE 32 - #428
KEY BISCAVNE, FL 33149

Principal Office Address:
801 ARTHUR GODFREY ROAD
SUITE 201
MIAMI BEACH, FL 33140

**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

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**ARTICLE IV
MANAGEMENT**

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

MGR: **TRIFECTA PARTNERS, INC.**
Manager 801 ARTHUR GODFREY ROAD
 SUITE 201
 MIAMI BEACH, FL 33140



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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