L16000136969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUL 22 PM 2:08

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16 JUL 22 PM 4:00

7/22/16

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 225938 7504317

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : July 21, 2016

ORDER TIME : 12:08 PM

ORDER NO. : 225938-005

CUSTOMER NO: 7504317

DOMESTIC FILING

NAME: TIX.BY USA LLC

EFFECTIVE DATE:

FILED
16 JUL 22 PM 4:00

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TIX.BY USA 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:

BECKY M. LOPEZ
Name of Person

FERRAIUOLI LLC
Firm/Company

221 PONCE DE LEON AVENUE, 5TH FLOOR
Address

SAN JUAN, PR 00917
City/State and Zip Code

BLOPEZ@FERRAIUOLI.COM
E-mail address: (to be used for future annual report notification)

FILED
16 JUL 22 PM 4:00

For further information concerning this matter, please call:

BECKY M. LOPEZ at (787) 777-1321
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

FILED
16 JUL 22 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

TIX.BY USA 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:**
5975 NW	5975 NW
104 PATH	104 PATH
DORAL, FL 33178	DORAL, FL 33178

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:

OMAR E. BAEZ
Name

5975 NW, 104 PATH
Florida street address (P.O. Box **NOT** acceptable)

DORAL	FL	33178
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..

O. Baez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
_____	SEE ATTACHMENT A
_____	
_____	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

_____

REQUIRED SIGNATURE: O. Baez

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.

OMAR E. BAEZ
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)

FILED
16 JUL 22 PM 4:00

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Attachment A

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	TIX.BY HOLDINGS LLC 530 Ave. De La Constitución The Atrium Office Center San Juan, PR 00901
AMBR	Omar E. Baez 5975 NW, 104 Path Doral, FL. 33178