(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900295530979

02/22/17--01020--005 **160.00

17 FEB 22 PM 4: 34

2 02/23/17

COVER LETTER

	lew Filing Section Division of Corporations	
SUBJECT	RICKY TIKI INNOVA	TIONS U.S.A., L.L.C.
SUBSEC		Name of Limited Liability Company
The enclos	sed Articles of Organization	and fee(s) are submitted for filing.
Please retu	irn all correspondence conc	erning this matter to the following:
	Ricardo Jorge	
		Name of Person
		Firm/Company
	13851 SW 9th Terrace	Fittin/Company
		Address
	Miami, FL 33184	
	rickytykkyinvention@outl	City/State and Zip Code ook.com
	E-mail addres	ss: (to be used for future annual report notification)
For further i	information concerning this	matter, please cali:
	Ricardo Jorge	786 484-6943 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following	amount:
\$125.00 F	iling Fee S130.00 Fi	
		6

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

RICKY TIKI INNOVATIONS U.S.A., L.L.C. (Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	64 17 2 11 17 17 17 17 17 17 17 17 17 17 17 17
ne mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13851 SW 9TH TERRACE	13851 SW 9TH TERRACE
MIAMI, FL 33184	MIAMI, FL 33184

Name

13851 SW 9TH TERRACE
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33184
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

(CONTINUED)

EB 22 PM 4

11.60

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Ricardo Jorge AMBR 13851 SW 9th Terrace Miami, FL 33184 (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. **REOUIRED 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.

RICARDO JORGE

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

SECRETART DE STATE TALLAHASSEE, FLORIDA

ר. היי