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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
TIER ONE CLUB, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2017 AUG -9 AM 8:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
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 17 AUG -9 PM 3:50
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

AUG 09 2017

C Kinsey

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIER ONE CLUB, 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:

2101 BRICKELL AVE

APT 1609

MIAMI, FL 33129

Mailing Address:

2101 BRICKELL AVE

APT 1609

MIAMI, FL 33129

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:

AGUSTIN GOITY

None

2101 BRICKELL AVE APT 1609

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33129

City

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.

x Hunter J. Smith

Registered Agent's Signature (REQUIRED)

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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

AMBR

AMBR

AMBR

Name and Address:

AGUSTIN GOITY

2101 BRICKELL AVE APT 1609
MIAMI, FL 33129

GERMAN LIUBITCH

7928 WEST DRIVE APT 901
NORTH BAY VILLAGE, FL 33141

JUAN JOSE TOMAS AROSSA

10185 COLLINS AVE APT 1506
MIAMI, FL 33154

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

x Agustin Goity

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

(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.)

AGUSTIN GOITY

Typed or printed name of signer

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