

US 900127400

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Tiqua LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

2018 MAY 22 PM 2:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 MAY 22 AM 9:13

FILED
AND
ATTACHED

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tiqua 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:

Lisette Salazar, Esq.

Name of Person

Lisette Pie Salazar, PA

Firm/Company

200 Crandon Blvd. #311

Address

Key Biscayne, FL 33149

City/State and Zip Code

lpsalazarlaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisette Salazar

305

361-6161

at ()

Name of Person

Area Code

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:

Tiqua LLC

(Must contain 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:

240 Crandon Blvd. #220

Key Biscayne, Fl. 33149

240 Crandon Blvd. #220

Key Biscayne, Fl. 33149

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:

Lisette Salazar

Name

200 Crandon Blvd. #311

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

Key Biscayne

Fl

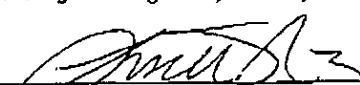
33149

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)

APPROVED
AND
FILED

18 MAY 22 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Mgt

Name and Address:

Rafael Olarra

340 Caribbean Rd.

Key Biscayne, Fl. 33149

Mgt

Delia Olarra

340 Caribbean Rd.

Key Biscayne, Fl. 33149

(Use attachment if necessary)

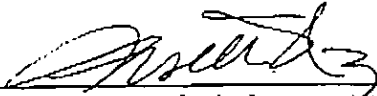
ARTICLE V: Effective date, if other than the date of filing: 05/22/2018 (OPTIONAL)

(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.

Purpose and Powers: See Attached

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.

Lisette Salazar

Typed or printed name of signer

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)

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Article VI: Purpose and Powers

To produce and process food products and their derivatives. To license and authorize other companies use of its registered trademarks both in the production and in the distribution of products. To charge royalty fees to third parties for the use of their brands both in production and in distribution and marketing of products with these brands. To sign contracts for the provision of advisory services in the areas of production, import and marketing in different countries. Import and Export food and other products for distribution inside and outside the United States. To accomplish any lawful business whatsoever, or which shall at anytime appear conducive to or expedient for the protection or benefit of the Company and its assets. To exercise all other powers necessary to or reasonably connected with the Company's business and such other activities that may be legally exercise by limited liability companies under the Act. To engage in all activities necessary, customary, convenient, or incident to any of the foregoing