Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000260905 3)))



H180002609053ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

F 11	Addres	
rmə i		

FLORIDA LIMITED LIABILITY CO. TWO1 INVESTMENTS, LLC

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

Electronic Filing Menu

(1)

Corporate Filing Menu

Help

DocuSign Envelope ID: 01980C6F-E714-4A9D-A335-DC3C4312CFF9

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TWo1 Investments, 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:

5300 NW 87 Ave, Unit 1512 Doral, FL 33178

5300 NW 87 Ave, Unit 1512 Doral, FL 33178

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

PEDRO R. TRIAS-BETANCOURT

5300 NW 87 Ave, Unit 1512 Doral, FL 33178

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) Page 1 of 2

DocuSign Envolope ID: 01980C6F-E714-4A9D-A335-DC3C4312CFF9

ARTICLE IV - Manager(s) or Authorized Member(s):

The name of each Manager or Authorized Member is as follows:

Titl	4	
	C	٠

Name and Address:

AMBR PEDRO R. TRIAS-BETANCOURT

AMBR ANDREA C. TRIAS-WIDELL

AMBR ISABELLA TRIAS-WIDELL

AMBR INGRID C. WIDELL

REQUIRED SIGNATURE:

Docustigned by:

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.)

PEDRO TRIAS-BETANCOURT

Typed or printed name of signee

2018 SEP -6 AM 9: 37 SECRETARY OF STATE