

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

*COLLECTED
Filing*

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.

((H19000059741 3)))



H190000597413ARC3

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 : IBRAHIM LAW, P.A.
Account Number : I20160000084
Phone : (954) 438-8393
Fax Number : (954) 438-6540

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 21 PM 3:06

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.
TESSERA GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

C RICO
FEB 21 2019

Electronic Filing Menu

Corporate Filing Menu

Help

H19000059741 3.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TESSERA GROUP 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:

ODALYS IBRAHIM, ESQUIRE

Name of Person

IBRAHIM LAW, P.A.

Firm/Company

11200 PINES BOULEVARD, SUITE 200

Address

PEMBROKE PINES, FLORIDA 33026

City/State and Zip Code

OIBRAHIM@TITLEOCEAN.COM

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 21 PM 3:04

For further information concerning this matter, please call:

ODALYS IBRAHIM, ESQUIRE

954

438-8393

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

H 190000 59741.3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TESSERA GROUP LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:17301 BISCAYNE BOULEVARD
SUITE 809
NORTH MIAMI BEACH, FLORIDA 33160**Mailing Address:**17301 BISCAYNE BOULEVARD
SUITE 809
NORTH MIAMI BEACH, FL 33160**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:

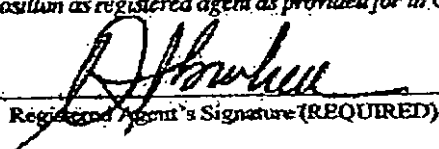
IBRAHIM LAW, P.A.

Name

11200 PINES BOULEVARD SUITE 200Florida street address (P.O. Box **NOT** acceptable)

<u>PEMBROKE PINES</u>	<u>FLORIDA</u>	<u>33026</u>
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)

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 19 FEB 21 PM 3:06

#190000597413.

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

Name and Address:

SOTHEBYS INTERNATIONAL S.A.S.

Carrera 14 no. 76. - 26 Ofc 408

Bogotá D.C. 110221

AMBR

ALKILAME S.A.S.

Carrera 14 no. 76. - 26 Ofc 408

Bogotá D.C. 110221

(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:**

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.

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)