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



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| TO: New Filing S Division of C | | | | |
|--|---|---|-------|---|
| SUBJECT: Tegumen | , LLC | | | |
| | | sulting Florida Limited | Com | ipany) |
| | | | | d fees are submitted to convert an "Other beordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | | |
| Filippo Marino | | | | |
| | (Contact Person) | | | |
| Tegumen, LLC | | | | |
| | (Firm/Company) | | | |
| 429 Lenox Ave., #531 | | | | |
| | (Address) | | | |
| Miami Beach, FL 33139 | | | | |
| (1 | City, State and Zip Code) | | | |
| info@tegumen.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| Filippo Marino | | _at (312) | 188-9 | 776 |
| (Name of Conta | ect Person) | | (Dayı | time Telephone Number) |
| | or the following amou a bank located in the | | cess | ed by this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fe and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRES | S: | MAILIN | G A | DDRESS: |
| New Filing Section | | New Filir | | |
| Division of Corporat | ions | Division (| of C | orporations |
| Clifton Building | | P. O. Box | €632 | 27 |

Tallahassee, FL 32314

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 | y is: | | | | |
|---|---|--|--|--|--|
| Tegumen, LLC | | | | | |
| (Must contain the words "Limited Li- | ability Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: The mailing address and street address of th | e principal office of the Limit | ed Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 429 Lenox Ave. | 429 Lenox Ave. | | | | |
| Miami Beach, FL 33139 | #531 Miami Beach, FL 33139 | | | | |
| The name and the Florida street address of t Fabio Visconti N | lame | | | | |
| 429 Lenox Ave., Suite 552 Florida street address (| P.O. Box NOT acceptable) | | | | |
| Miami Beach | FL 33139 | | | | |
| City | Zip | | | | |
| Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of myposition at Registered Agent's | ed in this certificate, I hereby as ipacity. I further agree to compete performance of my duties, as registered agent as provided j | ccept the appointment as ply with the provisions of ali and I am familiar with and | | | |

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Filippo Marino |
| | 1754 Meridian Ave., Apt 502 |
| | Miami Beach, FL 33139 |
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| (Use attachment if necessary) | |
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| CLE V: Other provisions, if any. | |
| , and the second provided by the Lary to | |
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| | |
| REQUIRED SIGNATURE: | |
| STATE OF THE STATE | |
| F1 (0h- | |
| 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 docu | ment to the Department of State constitutes a third degree felor |
| as provided for in s.817.155, F.S. | |
| Print Advis | |
| Filippo Marino | |
| Ty | ped or printed name of signee |
| | Filing Fooe |

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)