7/29/2019

Division of Corporations

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(((H19000226387 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226

Fax Number : (305)442-4829

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FLORIDA LIMITED LIABILITY CO. TRES OFE, LLC

| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION

<u>O</u>F

TRES OFE, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is: TRES OFE, LLC

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

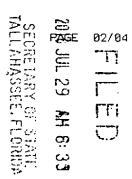
This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 1390 SOUTH DIXIE HIGHWAY, SUITE 1200, CORAL GABLES, FL 33146. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That TRES OFE, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.



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ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Managers of the Company shall be:

TRES MANAGEMENT, LLC 1390 South Dixie Highway, Suite 1200 Coral Gables, FL 33146

| VITINESS the hand and seal of the Autr Florida, the 29 th day of July, 2019 | norized Person in Miami-Dade County, State of |
|---|---|
| | |
| | Carlos F. Arazoza |
| | Carlos F. Arazoza Authorized Person |
| | |

| COUNTY OF MIAMI-DADE |) 33. |
|--|---|
| PERSONALLY appeared before n presented his | ne, Carlos F. Arazoza, who is <u>personally known</u> to me or as identification, who being by me first duly swom, |
| | same for the purposes/therein expressed. |
| acking Michael and the signed the | saine for the purposes/trigient expressed. |

WITNESS my hand and seal at Miami-Dade County, Florida the 29 day of July, 2019



NOTARY PUBLICA STATE OF FLORIDA AT LARGE

My commission expires:

STATE OF FLORIDA

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That TRES OFE, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT

Arazoza & Fernandez-Fraga P.A.

Carlos F. Arazoza

Director

July 29, 2019