# L20000043433

<u> </u>	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del> -
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	!

•





400340442694

400340442594 02/12/20--01003---013 \*\*125.00

2011/13/15/15/2010

2020 FEB 12 PK to 2

FEB 1 3 2020

k Brumbley

ACCES	ATE SS, · · ·	when yo	u need ACCE	<b>*</b> :	ft to	*
IŃC.			Avenue, Tallahass ~ (850) 222-260			222-1666
•		V	WALK IN			
	PIC	CK UP:	2/12 Glind	a		
CER'	TIFIED COPY					
х РНО	госору					
Cus						
x FILI	√G	LLC				
TUMI,	LLC					
	E NAME AND DOC	UMENT #)				
(CORPORAT	E NAME AND DOC	UMENT #)				
(CORPORAT	E NAME AND DOC	UMENT #)				
(CORPORAT	E NAME AND DOC	HMFNT#)				

1.

2.

3.

5.

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** 

# Articles of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

TUMI, LLC

## **Article II**

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

131 E Sunrise Avenue Coral Gables, Florida 33133

The mailing address of the Limited Liability Company is:

131 E Sunrise Avenue Coral Gables, Florida 33133

The email address to receive notifications from the Florida Department of State is:

Beechamrad@gmail.com

#### **Article III**

The name and Florida street address of the registered agent is:

Robert Beecham 131 E Sunrise Avenue Coral Gables, Florida 33133

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Robert Beecham

## **Article IV**

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Robert Beecham Title: Manager 131 E Sunrise Avenue Coral Gables, Florida 33133

Maria Lopez Title: Manager 131 E Sunrise Avenue Coral Gables, Florida 33133

Signature of member or an authorized representative: /s/ Robert Beecham

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.