

L2UWU0376053

Florida Department of State
Division of Corporations
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.

((H20000420710 3)))



H200004207103ABCQ

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 : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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.

TUA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

DEC 10 2020

T. SCOTT

2020 DEC -9 AM 8:55

FILED

2020 DEC -9 PM 1:58

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

TiUA LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

2625 East 14th St Ste 205, Brooklyn, NY 11235

ARTICLE III REGISTERED AGENT & REGISTERED OFFICE

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

**Registered Agents Inc.
7901 4th St N, Ste 300, St. Petersburg, FL 33702**

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

**Sergii Maliuk, Authorized Representative
2625 East 14th St Ste 205, Brooklyn, NY 11235**

**Olena Maliuk, Authorized Representative
2625 East 14th St Ste 205, Brooklyn, NY 11235**

December 9, 2020

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..

**s/ Sergii Maliuk
Sergii Maliuk
Registered Agent**

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.

**s/ Sergii Maliuk
Sergii Maliuk
Authorized Representative**

**s/ Olena Maliuk
Olena Maliuk
Authorized Representative**

2020 DEC -9 AM 8:55
STATE
FLORIDA