L21000068225

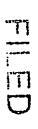
(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
☐ PICK-UP ☐ WAIT	MAIL
(Business Entity Na	ame)
(Document Number	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer	

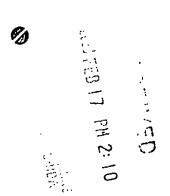
Office Use Only



300360120263

2021 FEB 17 PH 12: 34
SECRETARY OF STATE
TALLAHASSEE, FL





h. a 1/5-120

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 668465 4319660
AUTHORIZATION: Sould Reman
COST LIMIT : \$\sqrt{155'.00}
ORDER DATE : February 16, 2021
ORDER TIME : 5:12 PM
ORDER NO. : 668465-005
CUSTOMER NO: 4319660
DOMESTIC FILING
NAME: TRES TORTUGA HOLDING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INTITALS:

COVER LETTER

TO: New Filing Section

Di	vision of Cor	porations			
SUBJECT:	Tres Tortug	a Holding. LLC			
SUBJECT.	· 	Name of	Limited Liabili	ity Company	
The enclose	ed Articles of (Organization and fee(s)	are submitted	for filing.	
Please retur	n all correspo	ndence concerning this	matter to the f	ollowing:	
	Gabriel B. He	erman			
	-		Name of	Person	.
	Fox Rothsch	ild LLP			
			Firm/Co	mpany	
	2000 Market	Street, 20th Floor, Phi	ladelphia, PA	19103	
			Addr	css	
	Philadelphia,	PA 19103			
;	gherman@fox	rothschild.com	City/State an	d Zip Code	
_	E	-mail address: (to be u	sed for future a	unual report notificati	ion)
For further in	nformation con	ncerning this matter, ple	ease call:		
	Gabriel B. He		215 (444-7338	
·	Nam	e of Person	Arca Code	Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:			
□\$125.00	Filing Fcc	□S130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section		Street Address New Filing Section D	
	P.O. B	on of Corporations ox 6327 assee, FL 32314		The Centre of Tallah. 2415 N. Monroe Stre Tallahassee, FL 3230	et. Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB 17 PM 12: 34

ARTICLE I - Name:	ART	ICL	ΕI	- N	ame
-------------------	-----	-----	----	-----	-----

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

				TALLAHASSE	
Tres Tortuga Holdi	ng. LLC			- 371	
	natin the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limit	ed Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Addre	ss:	
610 Tigertail Ct		61	0 Tigertail Ct		
Marco Island, FI 34	1145		Marco Island, FI 34145		
The name and the Florida stree	Corporation Service	Company			
		Name			
	1201 Hays Street				
	Florida street address (P.O. Box NOT accept		acceptable)		
	Tallahassee	FL	32301		
	City	State	Zip		
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the c	e, I hereby accept the app provisions of all statutes r	ointment as registe elating to the prop	ered agent and agree to act in er and complete performance	this capacity. I of my duties, and	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	M = A	Name and Address:	
	" = Authorized Member = Manager		
MGR	- Manager	Anthony Marco 2 Brook Lane Lumberton, NJ 08048	
<u>MGR</u>		Joanne Marco 610 Tigertail Ct Marco Island, Fl 34145	2021 FEB
			17 PM 12: 34
ARTICLE V: Eff (If an effective da the date of filing.) Note: If the date the document's cf	te is listed, the date must be spec	of filing: (OPTIONAL) recific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b of State's records.	•
ARTICLE VI. OU	ect provisions, it any.		
			_
REOUII	RED SIGNATURE:	0 Hamon	
	Signature of a men	mber or an authorized representative of a member.	
	I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State	
	constitutes a third degree	felony as provided for in s.817.155, F.S.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Gabriel B. Herman, Esq., Authorized representative
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)