## L21000/28188

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
□ PCK-UP WAIT □ MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	<del>.,</del>
Special Instructions to Filing Officer	
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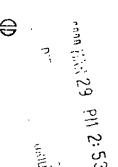




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2021 MAR 29 PH 3: 02 SECRET LL COF STATE TALL CHASSEE, FL



## COVER LETTER

	New Filing Sect Division of Cor				
	TRG Realty	/ Investments, LLC			_
SUBJEC	Т:	Nam	e of Limited Lia	bility Company	<del></del>
The enclo	osed Articles of	Organization and f	ec(s) are submit	ted for filing.	
Please re	turn all correspo	ondence concerning	this matter to the	ne following:	
	Carlos River	o			
			Name	of Person	
			Firm	/Company	
	14041 SW 1	04 Place			
			A	ddress	
	Miami, FL 3	13176			
		S. d. 1	City/State	c and Zip Codc	
		Boutlook.com E-mail address: (to	be used for futt	re annual report notificati	on)
For furthe		oncerning this matt			
	Minette Rive	ero	786 at (	6830032	_
	Nan	ne of Person	Area Coo	le Daytime Telephon	e Number
Enclose	d is a check for	the following amou	int:		
	.00 Filing Fee		ng Fee & =	\$155.00 Filing Fee & entified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Divis	ing Address Filing Section ion of Corporation Box 6327	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee
		hassee, FL 32314		Tallahassee, FL 3230	03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 29 PM 3: 02

ARTICLE 1 - Name: The name of the Limited Liability Company is:	SECRETARY C TALLAHASS
TRG Realty Investments, LLC.	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
14041 SW 104 Place, Miami, FL 33176	14041 SW 104 Place. Miami, FL 33176
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: d Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	:

Carlos Rivero Name 14041 SW 104 Place Florida street address (P.O. Box NOT acceptable)

Miami City State Zip

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 registary dagent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member	r	
"MGR" = Manager		
	Carlos Rivero	
MGR	14041 SW 104 Place	
	Miami, FL 33176	
	Minette Rivero	
AMBR	14041 SW 104 Place	
	Miami, FL 33176	
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(Use attachment if necessary)	, H	<b>%</b>
POTECH DAY TO Mine day if when they	n the date of filing: March 26, 2021 (OPTIONAL)	
ARTICLE V: Effective date, if other man	n the date of filing: March 26, 2021 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 da	avs after
	ust be specific and cannot be more than five business days prior to an an an	•
the date of filing.)	does not meet the applicable statutory filing requirements, this date will not be	e listed as
Note: If the date inserted in this block of	loes not meet the applicable statutory thing requirements, and determine the	
the document's effective date on the De	partinent of State's records.	
POTECLE M. Other presidence if any		
ARTICLE VI: Other provisions, if any.		
<del></del>		
		<del></del>
		<del></del>
REQUIRED SIGNATURE:		
	The second secon	
Signatur	re of a member or an authorized representative of a member.	
This document	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
I am aware tha	t any false information submitted in a document to the Department of State	
constitutes a th	aird degree felony as provided for in s.817.155, F.S.	
Carlos I	Piyora	
<u>Carios i</u>	Alvelo	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)