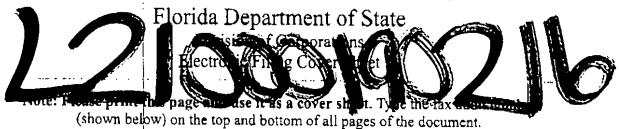
Division of Corporations

H210001744753



(((H21000174475 3)))

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To:

División of Corporations

rax Number : (850)617-6381

From:

Account Name : TPBS CORP Account Number : 120190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

\*\*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. **50 QUIMLAND LLC**

Certificate of Status	1
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Page Count	01
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H210001744753

## COVER LETTER

	v Filing Section Islon of Corpora	tions				
SUBJECT:	50 QUIMLAND	LLC				
SOBJECT:		Name of Lim	ited Liability Co	mpany		
The enclosed	l Articles of Organ	ization and lec(s) are	submitted for fil	ing.		
Please return	all correspondent	e concerning this mat	ter to the followi	ng:		
(	CARLOS ARENA	S DELGADO				
_			Name of Person	n	···	
:	O QUIMLAND I	LC				
N. a			Firm/Company	,		
1	19810 W DIXIE H	IWY APT 7102				
~			Address			
2	MIAMI FL 33180					
cr	arenas62.ca@gm		y/State and Zip (	Code		
		address; (to be used for	or future annual	report notification	on)	
For further infe	ormation concerni	ng this matter, please (	call:			
C	ARLOS ARENA	S 305	951	-3490		
_	Name of Pe		a Code Day	time Telephone	Number	
Enclosed is a	check for the foll-	owing amount:				
□\$125,00 F	iling Fee 🔳 🕏	130.00 Filing Fee & tificate of Status	□S155.00 Fi Certified Cop (additional copy	у	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection orporations 7	New F The Co 2415 P	Address illing Section Diventre of Tallaha N. Monroe Stree	ssee it, Suite 810	

HZ100017444753

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

50 QUIMLAND LLC			
		111111111111111111111111111111111111111	"L.L.C.," or "LLC.")
(141931 COIIC	III dia words Limitod	Liability Company,	L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street ad-	dress of the principal	office of the Limited	Liability Company is:
Principa	Office Address:		Mailing Address:
19810 W DIXIE HW	Y ART 7102		
MIAMI FL 33180			
RTICLE III - Registered Ager	annot serve as its own	n Registered Agent.	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	annot serve as its own tive Florida registration	n Registered Agent. ' on.)	nt's Signature: You must designate an individual
RTICLE III - Registered Ager	eamot serve as its own trive Florida registration ddress of the registere	n Registered Agent. ' on.) d agent are:	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	annot serve as its own tive Florida registration	n Registered Agent. ' on.) d agent are: DELGADO	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	eamot serve as its own trive Florida registration ddress of the registere	n Registered Agent. ' on.) d agent are:	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	eamot serve as its own trive Florida registration ddress of the registere	n Registered Agent. ' on.) d agent are: DELGADO Name	nt's Signature: You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	annot serve as its own tive Florida registration ddress of the registere CARLOS ARENAS	n Registered Agent. 'on.) d agent are: DELGADO Name	You must designate an individual
RTICLE III - Registered Ager The Limited Liability Company on nother business entity with an ac	eannot serve as its own trive Florida registration and the registere CARLOS ARENAS 19810 W DIXIE HV	n Registered Agent. 'on.) d agent are: DELGADO Name	You must designate an individual

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONT)NUED)

HZ100017444753

"AMBR" = Authorized Member "MGR" = Manager  MANAGER  MANAGER  (Use attachment if necessary)	CARLOS ARENAS DELGADO 19810 W DIXIE HWY APT 7102 MIAMI FL 33180  ROBBERT ARCILE LOPEZ 1420 NE MIAMI PL APT 1605 MIAMI FL 33132
MANAGER	19810 W DIXIE HWY APT 7102 MIAMI FL 33180  ROBBERT ARCILE LOPEZ 1420 NE MIAMI PL APT 1605 MIAMI FL 33132
MANAGER	19810 W DIXIE HWY APT 7102 MIAMI FL 33180  ROBBERT ARCILE LOPEZ 1420 NE MIAMI PL APT 1605 MIAMI FL 33132
	ROBBERT ARCILE LOPEZ 1420 NE MIAMI PL APT 1605 MIAMI FL 33132
	1420 NE MIAMI PL APT 1605 MIAMI FL 33132
	1420 NE MIAMI PL APT 1605 MIAMI FL 33132
(Use attachment if necessary)	
•	
: F.V. Effective date if ather than the date of	of filing:
ctive date is listed, the date must be spec	rific and cannot be more than five business days prior to or 90
f filing.)	eet the applicable statutory filing requirements, this date will not
nent's effective date on the Department of	f State's records.
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	nber or an authorized representative of a member.

\$125.00 Filing Fco for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

Typed or printed name of signee

S 5.00 Certificate of Status (Optional)