Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations		9) (1) (1)
	Fax Number	: (850)617-6381	≯	9.5 9.5
From:			<u>.</u>	(E) v
	Account Name Account Number Phone Fax Number	: LAZARUS CORPORATE FILING SERVICE, INC. : I200000000019 : (305)552-5973 : (305)675-5944	35	ATION:

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FLORIDA LIMITED LIABILITY CO. TREE OF GOLD INVESTMENTS, LLC

Certificate of Status	1
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Corporate Filing Menu

OCT 3.6 2021

DIVISION OF DESPREASE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	35	lOH:
The name of the Limited Liability Company is:		
Tree of Gold Investments, LLC		
The mailing address and street address of the principal office of the Limited Liability Company is:		
15786 Sw 141 st Street, Miami, F1, 33196		
		·
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.) Adis Dunia Perez Suavez.		
15786 SW 141 St Street, Miami F	1	
331		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		<u>-</u>
Adis Dunia Perez Suarez AMBR		
Carlos Pamirez AMBR.	•	•

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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

Typed or printed name of signee

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 695, P.S.

Registered Agent's Signature (REQUIRED)