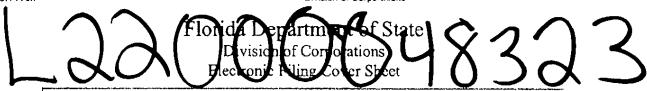
2/8/22, 9:14 AM

Division of Corporations



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Division of Corporations

Fax Number

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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FLORIDA LIMITED LIABILITY CO. TOBYZH INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

22 FEB -8 PM 6: 54

SEGRETARY OF STATE PALES AND STATE

			22
ARTICLE I - Name: The name of the Limited Lia	bility Company is:		-SEA FALE
TOBYZH INVES	TMENTS LLC		
(Must c	ontain the words "Limite	ed Liability Company, '	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principa	al office of the Limited	Liability Company is:
Prin	cipal Office Address:		Mailing Address:
983 NW 106 AV	E CIRCLE		
DORAL, FL 331	72	SAM	IE .
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its o an active Florida registra	wn Registered Agent. Y stion.)	it's Signature: You must designate an individual or
	NELSON JOSE D	NETA POSA	
	NECSON JOSE E	Name	
	983 NW 106 AVE	CIRCLE	
	Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
	DORAL.	FL	33172

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..

State

Zip

(CONTINUED)

| /s/ Nelson Jose De La Rosa
| Registered Agent's Signature (REQUIRED)

Page: 4 of 4

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	RICARDO J. PIOTROWSKI
	983 NW 106 AVE CIRCLE
	DORAL, FL 33172
MGR	NELSON JOSE DE LA ROSA
	983 NW 106 AVE CIRCLE
	DORAL, FL 33172
MGR	BARBARA J. PIOTROWSKI
	983 NW 106 AVE CIRCLE
	DORAL, FL 33172
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
effective date is listed, the date must b	se specific and cannot be more than five business days prior to or 90 days afte
e of filing.)	
If the date inserted in this block does cument's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Departi	itelit of State 3 fecords.
CLE VI: Other provisions, if any.	

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

RICARDO J. PIOTROWSKI

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

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