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FLORIDA LIMITED LIABILITY CO. TRIBU BRABUR LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA ARTICLE I - Name: The name of the Limited Liability Company is:	A LIMITED LIARILITY COMPANY
RTICLE I - Name:	
he name of the Limited Liability Company is:	
TRIBU BRABUR LLC	
	_
(Must contain the words "Limited Liability (Commany "LIC "or "LIC")
·· ,	outputy, E.E.C., of E.C.
RTICLE П - Address:	
he mailing address and street address of the principal office of th	ne Limited Liability Company is:
Principal Office Address:	
Timepar Office Address.	Mailing Address:
1 Turtle Walk	l Turtle Walk
Key Biscayne, FL 33149	
110) Distayno, 1 D 33143	Key Biscayne, FL 33149

Perez Abello Law P	LLC	
	Name	
1390 S. Dixie Hwy,	Suite 1309	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Coral Gables	FL	33146
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 registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Wise attachment if necessary) E. V.: Effective date, if other than the date of filing: E. V.: Effective date, if other than the date of filing: E. V.: Effective date, if other than the date of filing: E. V.: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing. E. V.: Other provisions, if any. E. V.: Other provisions, if any	Alexis Braun Trurtle Walk Key Biscayne, FL 33149 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: (OPTIONAL) Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or filing.) In this date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI. Other provisions, if any. Signature of a member or an authorized 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. Alexis Braun Typed or printed name of signee Filling Fees: Filling Fees:	Tide:	Name and Address:	
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