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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2022 APR 19 PM 3:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO. SPRINGTIDE HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 APR 19 PM 1:46
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Springtide Holdings, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:7950 NW 155 StreetSuite 207Miami Lakes, FL 33016**Mailing Address:**7950 NW 155 StreetSuite 207Miami Lakes, FL 33016**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anthony Dieguez

Name

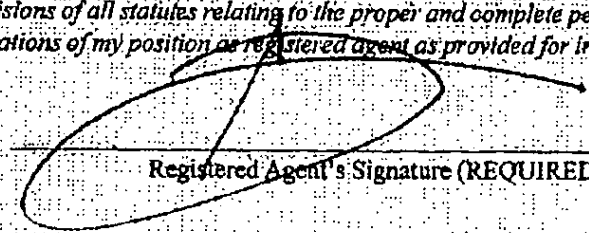
7950 NW 155 Street, Suite 207Florida street address (P.O. Box **NOT** acceptable)Miami LakesFL33016

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)

2023 APR 19 PM 1:44
TALLAHASSEE, FL

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company.

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

MGR

Anthony Diequez

7950 NW 155 Street Suite 207

Miami Lakes, FL 33016

MGR

Jacinto Puentes

7521 Bristol Lane

Parkland, FL 33067

MGR

Gelpis Batista

12501 NW 23 Street

Pembroke Pines, FL 33028

(Use attachment if necessary)

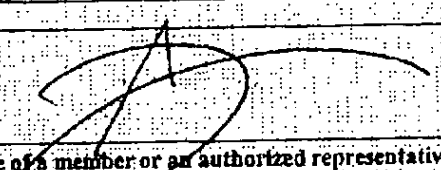
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.

Anthony Diequez

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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FILE