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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
		MAIL
(Bu	usiness Entity Name)
(De	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	





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CAPITAL CC 417 E. Virginia Street, Su (850) 224-8870 • 1-800	ite 1 • Tallahassee.	Florida 32301	
			-
FCC ARG 10 LLC		<u></u>	
			-
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Arr. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy Certificate of Good Standing ?? ??
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search For the search For t
		·	Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: _{SN}			UCC 1 or 3 File
	08/16/22	<u></u>	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TCC ARG 10 LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	11 23 11	· · ·
ARTICLE II - Address:		513	
The mailing address and street address of the principal office	of the Limited Liability Company is:	۲ ا	
Principal Office Address:	Mailing Address:	-0 11	: .
255 ARAGON AVENUE, 2ND FLOOR	255 ARAGON AVENUE, 2ND FLOOR	· . .	
CORAL GABLES FL, 33134	CORAL GABLES FL, 33134	- no	•

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:

ABITOS PLLC		
	Name	
255 ARAGON AVEN	UE, 2ND FLOOR	
Florida street address (P.O. Box <u>NOT</u> a	eceptable)
CORAL GABLES	FL	33134
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 Joen's Signature (REQUIRED)

(CONTINUED)

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:	
<u>_MGR</u>	SEBASTIAN AGUILAR 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL, 33134	

(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.)

<u>Note:</u> 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 SIGNA	ATURE: Allalus
Lam	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, aware that any false information submitted in a document to the Department of State titutes a third degree felony as provided for in s.817.155, F.S.

ALBERTO GUZMAN Typed or printed name of signee