

10/13/22, 4:44 PM
 Division of Corporations
 Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : ADRIAN TAX SERVICES INC.
 Account Number : 120220000042
 Phone : (786)370-2432
 Fax Number : (305)266-5758

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

Email Address: vigovigocpa@aol.com

FLORIDA LIMITED LIABILITY CO.
 TIZEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 OCT 13 PM 4:44

22 OCT 13 PM 12:35
 Division of Corporations
 Florida Department of State

Electronic Filing Menu

Corporate Filing Menu

Help

602

(((H22000352479 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIZEN 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:5805 BLUE LAGOON DR, STE 300
MIAMI, FL 33126Mailing Address:5805 BLUE LAGOON DR, STE 300
MIAMI, FL 33126

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:

L & J MANAGEMENT CORPORATION

Name

5805 BLUE LAGOON DR, STE 300Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33126

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)

FILED
22 OCT 13 PM 12:35
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

FRANCESCO MENOTTI PERLAZA

5805 BLUE LAGOON DR, STE 300

MIAMI, FL 33126

(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.

FRANCESCO MENOTTI PERLAZA

Typed or printed name of signee

22 OCT 13 PM 12:35