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PICK-UP	WAIT MAIL
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Stabili Instructions to	Filing Officer:
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Office Use Only



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S. CHATHAM

SECRETARIAN STATES

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January 10, 2023

SUNSHINE STATE CORPORATE COMPLIANCE

SUBJECT: TULUM 22 LLC Ref. Number: W23000002945 Please Allow For Same File Date

We have received your document for TULUM 22 LLC. However, the document has not been filed and is being returned for the following:

Please include a name of a person or business authorized to manage the company.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 323A00000732

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>1/10/23</u>	_		**WALK IN**
ENTITY NAME_Tulum	22 LLC		·-
DOCUMENT NUMBER	R		
	PLEASE FILL	E THE ATTACHED AND RETURN	
	Plain Copy		
XXXY	Cartified Copy		
	Certificate of Statu	ad .	
	Certified Copy of A Certified Copy of A Certificate of Stata	Arts & Amendments Complete File (Including Annual Reports	<i>)</i>
	APOSTILLE	"/NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA			
TOTAL OWED \$_{\infty}		ACCOUNT # 120140000108 United Corporate Services, Inc. Sor any issues or concerns. Thank you so much	Repparl
Please call Tina at i	the above number fo	or any issues or concerns. Thank you so muc	ck! U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tulum 22 LLC			
(Must conta	in the words "Limited I	Liability Compan	y, "L.L.C.," or "LLC.")
ICLE II - Address: nailing address and street ad	dress of the principal o	ffice of the Limit	ed Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
C/O TRIBECA		C.	O TRIBECA
420 LEXINGTON AVENU	JE. SUITE 1758	42	0 LEXINGTON AVENUE, SUITE 1758
NEW YORK, NY, US 10	170		3444004 NW NO 40470
ICLE III - Registered Age	nt, Registered Office,	 & Registered As	ew YORK, NY. US 10170 gent's Signature: t. You must designate an individual
CLE III - Registered Ages imited Liability Company or business entity with an ac-	nt, Registered Office, cannot serve as its own ctive Florida registratio ddress of the registered	& Registered Agen	gent's Signature:
ICLE III - Registered Age Limited Liability Company of the business entity with an ac	nt, Registered Office, cannot serve as its own ctive Florida registratio	& Registered Agen Registered Agen n.) I agent are:	gent's Signature:
ICLE III - Registered Age	nt, Registered Office, cannot serve as its own ctive Florida registratio ddress of the registered	& Registered Agen	gent's Signature:
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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..

Michael A. Ban
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Citle:	Name and Address:
'AMBR" = Authorized Member	-
MGR" = Manager	GEOFFREY R ROJAS
•	CO TRIBECA
MGR	420 LEXINGTON AVENUE SUITE 1756
	NEW YORK, NY US 10170
	1001 101
	 :
2 V. Effective data if other than th	the date of filing: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 It is not meet the applicable statutory filing requirements, this date will not rement of State's records.
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E V: Effective date, if other than the ective date is listed, the date must of filing.) 'the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: /// GEOFFREY R. RO. Signature of This document is Lam aware that as	is not meet the applicable statutory filing requirements, this date will not meet the applicable statutory filing requirements, this date will not meet of State's records. IAS Of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State 1 degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organi \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)