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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. TINI'S BIG WORLD, LLC

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

is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nited Liability Comp	•
Tini's Big World, LLC	,	
(Must end with the words "	Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add	mong.	
•		of the principal office of the Limited Liability Company
The manning address	and street address (if the principal office of the Emilion Blacking Company
Principal Office Ad	dress:	Mailing Address:
900 N Venetian Dr.		900 N. Venetian Dr.
ARTICLE III - Reg	zistered Agent, Res	Miami Bauch, Fl 33139 zistered Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac-	npany cannot serve as its o tive Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac-	npany cannot serve as its o tive Florida registration.)	gistered Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Con- business entity with an act The name and the Fi	npany cannot serve as its or tive Florida registration.) orida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Con- business entity with an act The name and the Fi	npany cannot serve as its or tive Florida registration.) orida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac-	npany cannot serve as its or tive Florida registration.) orida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: opez & Partners, LLC Name
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac-	npany cannot serve as its of tive Florida registration.) orida street address Valentin Lopez clo Lo	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: opez & Partners, LLC Name
ARTICLE III - Reg (The Limited Liability Con- business entity with an act The name and the FI	orida street address Valentin Lopez c/o Lo 2600 Douglas Road Florida Coral Gables	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: opez & Partners, LLC Name

Having been named as registered agent and to accept service of process for the above stated timited 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 ugent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIDED)

(CONTINUED)
Page 1 of 2

. . . .

The name and address of the na	
The name and address of each Manager or Managing Member is as follows:	

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	
	Hannah Tacher
	900 N Venetian Dr
	Miarni Beach, Florida 33139
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: February 6, 2023 . (OPTIONAL) secific and cannot be more than five business days prior
to o, you day's after the trate of ming.	_1
DEAGUER CLOSIATURE	20 23
REQUIRED SIGNATURE:	AHASSI
	ASS: -7
- Haven	
Signature of a member or	an authorized representative of a riember.
(In accordance with section of this document constitute that the facts stated herei.	608.408(3), Florida Statutes, the execution
	Hannah Tacher
Туред	or printed name of signee