

C23000133044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000108893 3)))



H230001088933ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Lawrence E. Crary III, Esquire
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
Account Number : 076424001425
Phone : (772)233-4602
Fax Number : (772)398-8122

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

Email Address: lec@crarybuchanan.com

FLORIDA LIMITED LIABILITY CO.

Tiburtina, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 MAR 22 PM 3:46

FILED
23 MAR 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H23000108893 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIBURTINA, 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:Mailing Address:55 E. OSCEOLA STREET
SUITE 200
STUART, FL 3499455 E. OSCEOLA STREET
SUITE 200
STUART, FL 34994

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:

CRARY BUCHANAN, PA

Name

759 SW FEDERAL HIGHWAY, SUITE 106Florida street address (P.O. Box **NOT** acceptable)STUARTFL34994

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)

FILED
23 MAR 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H23000108893 3)))

(((H23000108893 3)))

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRJOHN E. MAIUCCI
55 E. OSCEOLA ST., SUITE 200
STUART, FL 34994

(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 Statute.
I am aware that any false information submitted in a document to the Department of
constitutes a third degree felony as provided for in s.817.155, F.S.

JOHN E. MAIUCCI

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)

FILED
23 MAR 22 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA