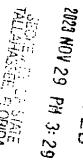
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(Re	questor's Name)	
•	,	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

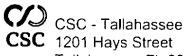
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 11/29/23 Order #: 1323995-1

Re: 27TH STREET GRUPO T&C, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

Ganil Alexano.

120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF ORGANIZATION OF 27TH STREET GRUPO T&C, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is:

27TH STREET GRUPO T&C, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

5220 S. University Drive, Suite C-102, Davie, FL 33328

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

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.

Corporation Service Company, Registered Agent

Name Eyliena Baker

Title: Assistant Vice President

ARTICLE IV: - Management

The name and address of the individual authorized to manage and control the limited liability company is as follows:

William Ticona, Manager 5220 S. University Drive Suite C-102 Davie, FL 33328

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 27, 2023.

/s/ Daniel Jacobson
Daniel Jacobson, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Daniel Jacobson
Typed or printed name of signee