

Florida Department of State
 Division of Corporations
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L24000219697

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(((H24000214212 3)))



H240002142123ABCS

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To: Division of Corporations
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Email Address: John@jaffetilchin.com

RECEIVED
 2024 JUN 20 PM 12:29
 CORPORATION
 COMMERCIAL
 SERVICES

FLORIDA LIMITED LIABILITY CO.
Troncoso Group Fund I LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2024 JUN 20 PM 11:56

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6/20/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

Troncoso Group Fund I LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

Troncoso Group Fund I LLC
305 Eastleigh Dr
Belleair, FL 33756

Troncoso Group Fund I LLC
305 Eastleigh Dr
Belleair, FL 33756

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

John Troncoso
305 Eastleigh Dr
Belleair, FL 33756

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)

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ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

<u>TITLE:</u>	<u>NAME AND ADDRESS:</u>
"MGR"=MANAGER	
"AR" = AUTHORIZED REPRESENTATIVE	
MGR	John Troncoso 305 Eastleigh Dr Belleair, FL 33756
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING: _____ (OPTIONAL)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (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.

John Troncoso

TYPE OR PRINTED NAME OF SIGNEE

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