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# **CORPORATE** ACCESS,

# When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

TTG 57, 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:

3387 Pan American Drive	3387 Pan American Drive	
Suite 100	Suite 100	
Miami, FL 33133	Miami, FL 33133	

### 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:

Carlos Ortega				
	Name			
3387 Pan American	Drive			
Florida street addre	ess (P.O. Box <u><b>NOT</b></u> ac	cceptable)		
Miami	FL	33133		
City	State	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at illest 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..

Carlos Ortega

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:		
"MGR" = Ma				
MGR		The Treo Group LLC		
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ARTICLE VI: Other p	rovisions, if any.			<del></del>
REQUIRED	SIGNATURE:	Carlos Ortiga		
	This document is executed I am aware that any false in	ber or an authorized representative of a mem in accordance with section 605.0203 (1) (b). Flatformation submitted in a document to the Department of the Dep	orida Statut	
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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)