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(Requestor's Name)
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	City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
(Business Entity Name)
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Cadified Casins	Carl Factor of Otal
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Special Instructions to F	Filing Officer:

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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

TRIBAH INVESTMENTS LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK: #9916 AMOUNT: \$390.00 (\$130.00 for this filing)

THANK YOU!

COVER LETTER

то:	New Filing Section Division of Corporations					
SUBJE	Tribah Investments LLC					
5056	CT: Name of	Limited Liabi	lity Company			
The enc	losed Articles of Organization and fco(s)	are submitte	d for filing.			
Please r	cturn all correspondence concerning this	matter to the	following:			
	JAIME REYES					
		Name o	f Person	 -		_
	CBA MIAMI LLC					
		Firm/C	ompany			_
	1600 PONCE DE LEON BLVD,. S	UITE 901				2024 7.15
		Add	ress	· · · · · · · · · · · · · · · · · · ·		
	CORAL GABLES, FLORIDA 3313	34				<u></u>
		City/State at	nd Zip Code			
	jaime,reyes@chamiamius.com	1.0.0				_ :>
Pau Carde	E-mail address: (to be us		annual report notificat	ion)	1	1.1
ror turtne	er information concerning this matter, ple	ase call:				
	ROBERTO RAMONESat (540	64209061 _)			
	Name of Person	Area Code	Daytime Telephon	e Number		
Enclosed	d is a check for the following amount:					
□\$ 125.	.00 Filing Fee ■\$130.00 Filing Fee Certificate of Status	Certif	55.00 Filing Fee & fied Copy nat copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status & Copy	&
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tullylapsen Fi 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FI 3230	assec et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tribah Investmen				
(Must c	ontain the words "Limited Li	ability Company, "L.	L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and stree	et address of the principal off	ice of the Limited Lia	ability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
2332 PASADENA WAY		2332 PA	2332 PASADENA WAY	
WESTON, FLOR	IIDA 33327	WEST	ON, FLORIDA 33327	
				
The Limited Liability Complete business entity with	an active Florida registration.	Registered Agent. You .)	Signature: 1 must designate an individua	l or
The Limited Liability Complete business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a CBA MIAMI LLC	Registered Agent. You .) agent are:		l or
The Limited Liability Comp- nother business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a CBA MIAMI LLC	Registered Agent. You .) agent are: Name	a must designate an individua	l or
The Limited Liability Composition of the Limited Liability With	any cannot serve as its own R an active Florida registration. eet address of the registered a CBA MIAMI LLC 1600 PONCE DE LEC	Registered Agent, You I) In agent are: Name ON BLVD., SUITE 9	a must designate an individua	
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration. CBA MIAMI LLC 1600 PONCE DE LEC Florida street address (Registered Agent, You agent are: Name ON BLVD., SUITE 9 (P.O. Box NOT acce	a must designate an individua	
The Limited Liability Comp nother business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a CBA MIAMI LLC 1600 PONCE DE LEC	Registered Agent, You I) In agent are: Name ON BLVD., SUITE 9	a must designate an individua	209 /13 15

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	CARLOS TRIVINO	
-	2332 PASADENA WAY WESTON, FLORIDA 33327	- - -
		-
		-
		-
		•
		•
(Use attachment if necessary)) 3 3
LEV: Effective date, if other than the d	ate of filing: 08/15/2024 (OPTIONAL)	-
ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90	
ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not	be 1
ffective date is listed, the date must be a of filing.) If the date inserted in this block does no nument's effective date on the Department. T.E. VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records,	
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Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

CARLOS TRIVINO