

Florida Department of State

L24000489970
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
 Account Number : 075350000132
 Phone : (305)374-7580
 Fax Number : (305)351-2122

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

Email Address: afinlev@bilzin.com

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 TALLAHASSEE, FL

2024 NOV 21 PM 12: 56

RECEIVED

FLORIDA LIMITED LIABILITY CO.

Alitraw LLC

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

24 NOV 22 PM 12: 19

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 SECRETARY OF STATE
 TALLAHASSEE, FL

DocuSign Envelope ID: 0908B0C4-234D-4A1E-8284-4454E970EC11

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alitraw 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:535 Casuarina Concourse(same as Principal Office Address)Coral Gables, Florida 33143

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:

Slaven Zivkovic

Name

535 Casuarina ConcourseFlorida street address (P.O. Box **NOT** acceptable)Coral GablesFlorida33143

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..

Slaven Zivkovic

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Slaven Zivkovic

535 Casuarina Concourse

Coral Gables, Florida 33143

(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:

Slaven Zivkovic

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (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.

Slaven Zivkovic, Manager

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)

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