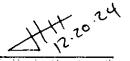
Florida Department of State





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000417046 3)))



H240004170463ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:					
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FLORIDA LIMITED LIABILITY CO.

TSD FL Alhambra Tenant, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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SECRUTARY OF STATE

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COVER LETTER

	lew Filing Sec Division of Co				
SUBJECT		lhambra Tenant, LLC			
		Name (of Limited Lia	bility Company	
The enclos	sed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please retu	ım all corresp	ondence concerning th	nis matter to th	e following:	
	Andres Rod	riguez			
			Name	of Person	
			n:		
			Firm/	Company	
	1504 South	Greenway Drive			
			Ac	ldress	
	Coral Gable	s, Florida 33134			
			City/State	and Zip Code	
	andy@saltyd		6 6		;,
				e annual report notificat	ion)
For further i	nformation co	ncerning this matter, p	please call:		
			at (,	
	Nam	ne of Person	Area Code	Daytime Telephon	ne Number
Enclosed is	s a check for t	he following amount:			
□\$125.00) Filing Fee	□\$130.00 Filing F Certificate of Statu	is Ceri	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
		lor 6327		2415 N. Monroe Stre	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TSD FL Alhambra Tenant, LLC	
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal offi Principal Office Address:	ice of the Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal offi	, , ,

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Capitol Corporate S	ervices, Inc.	
	Name	
515 E Oark Ave. 2n	d FL	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

Kim Tadlock, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000417046 3

	Name and Address: Authorized Member	
"MGR" = Ma		
AMBR	Andres Rodriguez	
	1504 South Greenway Drive Coral Gables, Florida 33134	_
		_
		_
		_
		<u> </u>
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