

L25000091794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

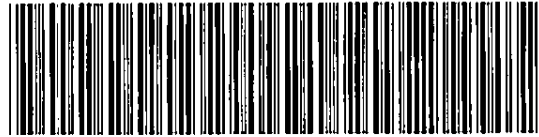
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
MAIL ROOM, FIDMVA

MS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$160.00
Authorization Signature 

The Titivate Group, LLC

Business Name

#Document

Walk in

____ Will wait

☒ **Certified Copy**
☒ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
☒ **LLC**
____ Domestication
____ INC
____ CORP
____ LP

AMENDMENTS

____ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Statement of Authority
____ Merger

REVOCATION OF DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ Statement of CORRECTION
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Titivate Group, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James S. Alabre

Name of Person

The Titivate Group, LLC

Firm/Company

200 South Andrews Ave Suite 504

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

Info@thetitivategroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. Alabre

754

444-1773

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Titivate Group, 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:

200 South Andrews Avenue

Suite 504

Fort Lauderdale, Florida 33301

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:

James S. Alabre

Name

200 South Andrews Avenue Suite 504

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

Florida

33301

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..

James S. Alabre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

James S. Alabre
200 South Andrews Avenue Suite 504
Fort Lauderdale, Florida 33301

(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.

WE PROVIDE CONSULTING SERVICES TO BUSINESSES. FOCUSING ON PRODUCTIVITY, QUALITY
CONTROL, INVENTORY, LOGISTICS, & DISTRIBUTION. WE ALSO OFFER STRATEGIC PLANNING,
FINANCIAL MANAGEMENT, & PROCESS IMPROVEMENT SOLUTIONS. NAICS: 541611 & 541614

REQUIRED SIGNATURE:

James S. Alabre

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.

James S. Alabre

Typed or printed name of signer

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)