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то:	New Filing Section Division of Corporations				
	TD 2696 LLC				
SUBJE		of Limited Liabi	lity Company		
The enc	closed Articles of Organization and fo	ec(s) are submitte	d for filing.		
Please r	eturn all correspondence concerning	this matter to the	following:	202	
	David Bauer, Esq.			ह्य । इ.स.	
		Name o	f Person	—————————————————————————————————————	
	Bauer Gutierrez & Borbon PLLC				
	Firm/Company				
	814 Ponce de Leon Blvd., Ste 210				
		Add	ress		
	Coral Gables, Florida 33	134			
	david@bgblawgroup.com	•	nd Zip Code		
			annual report notificati	on)	
For furth	er information concerning this matter	, please call:			
	David Bauer, Esq.	305 at (340-5959		
	Name of Person)		
Enclose	d is a check for the following amoun	1:			
■\$125	.00 Filing Fee	tus Certif	55.00 Filing Fee & fied Copy nal 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 Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee FL 3230	ssee et. Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:			
<u>TD 2696 LLC</u>	ntain the words "Limited L	iability Compan	v. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street		• • •	•	Ć.
<u>Princi</u>	pal Office Address:		Mailing Address:	(i) (i)
2696 W 3rd Avenue, Hialeah, Florida 33010			2696 W 3rd Avenue, Hialeah, Florida 33010	
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own l active Florida registration	Registered Ageni		dual or 1
The name and me raying siree	-	•	11.0	
	Bauer Gutierrez	<u>& BOIDON, Pt</u> Name	LLC	
	814 Ponce de Le	on Blvd Ste	210	
	Florida street address			
	Coral Gables	FL	33134	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e. I hereby accept the appo provisions of all statutes rei	intment as registe lating to the prop	ered agent and agree to act in th wer and complete performance of	is capacity. I my duties, and I
	/s/ David Ba			
	Registe	red Agent's Sign	ature (REQUIRED)	
		(CONTINUED))	

4	DTI	1''	٠,	11.

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Taimy Olivera 2696 W 3rd Avenue, Hialeah, Florida 33010	
MGR	Pedro D. Olivera 2696 W 3rd Avenue Hialeah, Florida 33010	-
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	pecific and cannot be more than five business meet the applicable statutory filing requirement of State's records.	days prior to or 90 days after
REQUIRED SIGNATURE:		
/s/ Taimy Oli	vera	
Signature of a r This document is exec I am aware that any fal	number or an authorized representative of a ruted in accordance with section 605.0203 (1) (be information submitted in a document to the Erec felony as provided for in 8.817.155, F.S.	member. 9), Florida Statutes.
<u> Iaimy Olive</u>	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)