

**12500043898**

2/2/25 9:42 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H25000040434 3)))



H250000404343ABCW

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : 120190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
TREE PALM VISUALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
2025 FEB -3 AM 11:19  
CORPORATION DIVISION  
TALLAHASSEE, FL

FILED  
2025 JUN -3 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

## **Articles of Organization For Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

### **Article I**

The name of the limited liability company is:  
**TREE PALM VISUALS LLC**

### **Article II**

The street address of the principal office of the Limited Liability Company is:  
**5041 NW 93 DORAL CIRCLE EAST  
MIAMI, FL. 33178**

The mailing address of the Limited Liability Company is:  
**5041 NW 93 DORAL CIRCLE EAST  
MIAMI, FL. 33178**

### **Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

### **Article IV**

The name and Florida street address of the registered agent is:  
**GABRIEL TORRES  
5041 NW 93 DORAL CIRCLE EAST  
MIAMI, FL. 33178**

Having been named as a registered agent and to accept service of process of 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.

Signature: *Gabriel Torres*

**FILED**  
2025 JAN -3 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR  
GABRIEL TORRES  
5041 NW 93 DORAL CIRCLE EAST  
MIAMI, FL. 33178

Signature: *Gabriel Torres*

Article VI

The effective date of this Limited Liability Company Shall be:

02/02/2025

Signature of member or an authorized representative:

Signature: *Gabriel Torres*

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

FILED  
2025 JAN -3 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL