

**L25000069591**

Florida Department of State

Division of Corporations

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

Email Address: ANDREA@TAXCNSL.COM

**FLORIDA LIMITED LIABILITY CO.  
CZARBAR, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION  
OF  
CZARBAR, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is CZARBAR, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

Mailing Address:

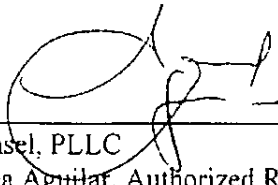
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Tax Counsel, PLLC  
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

*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.*

  
\_\_\_\_\_  
Tax Counsel, PLLC

By Andrea Aguilar, Authorized Representative

**ARTICLE IV - MANAGERS OR MEMBERS**

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

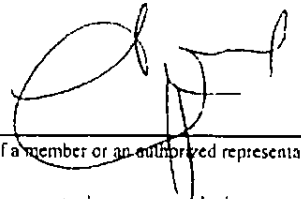
Name and Address:

Barczapol, LLC

999 Ponce de Leon Blvd., Ste. 720

Coral Gables, FL 33134

**REQUIRED SIGNATURE:**



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.

Andrea Aguilar, Authorized Representative

Typed or printed name of signee

(((H25000061670 3)))

**FAX COVER SHEET**

TO

COMPANY

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RE TRAPETON LLC

**COVER MESSAGE****Karen Martin***Express Corporate Filing Services, Inc.**12905 SW 42 Street Ste: 210**Miami, FL 33175**T: 305.444.4994**F: 305.444.4977**E-mail: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)**Web: [www.ecfsfiling.com](http://www.ecfsfiling.com)*