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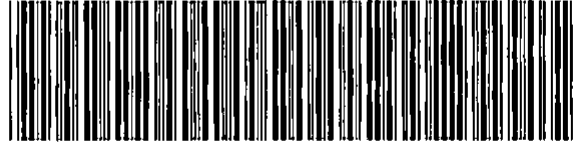
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DATE: 1/7/2021

NAME: TD 2255 SECOFFEE LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: TD 2255 SECOFFEE 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:

Jon Hoffman

Name of Person

Firm/Company

4601 Ponce De Leon Blvd. #290

Address

Coral Gables, FL 33146

City/State and Zip Code

Jon@buildhb.com

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

For further information concerning this matter, please call:

Anibal Manzano

786

785-1699

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 &
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(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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(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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION
OF
TD 2255 SECOFFEE LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME

The name of the limited liability company is **TD 2255 SECOFFEE LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 4601 Ponce De Leon Blvd, #290, Coral Gables, FL 33146.

ARTICLE III - REGISTERED AGENT AND OFFICE

The street address of the Company's initial registered office is 4601 Ponce De Leon Blvd, #290, Coral Gables, FL 33146, and the name of its initial registered agent at such office is Jon Hoffman.

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..



Name: Jon Hoffman

ARTICLE IV - AUTHORIZED PARTIES

The names and addresses of each person authorized to manage and control the Company are set forth below.

<u>Title</u>	<u>Name & Address</u>
<u>Manager</u>	Jon Hoffman 4601 Ponce De Leon Blvd, #290, Coral Gables, FL 33146
<u>Manager</u>	David Billskoog 4601 Ponce De Leon Blvd, #290, Coral Gables, FL 33146
<u>Manager</u>	Jack Wolfsdorf 4601 Ponce De Leon Blvd, #290, Coral Gables, FL 33146

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed on January 6, 2021.



Jon Hoffman
Authorized Representative