

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017

Phone : (305) 485-9300

Fax Number : (305)485-1098

## RIDA/FOREIGN LIMITED LIABILITY EOS

SDA IMPORTS, LLC.

Certificate of Status	1
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

#### SDA IMPORTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SDA IMPORTS, LLC.

ARTICLE II - ADDRESS

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

301 SW 135<sup>TH</sup> AVE APT # 317 C PEMBROKE PINES, FL. 33027

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

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

#### SAMANTHA VANESSA GALEAS DEL VALLE

#### 301 SW 135TH AVE APT # 317 C

Florida street address (P.O.BOX NOT acceptable)

#### PEMBROKE PINES, FL. 33027

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 HO8 000 1812043.

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SEJEBIARY OF STATE
TALLAHASSEE, FLORIDA

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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 608, F.S..

REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SAMANTHA VANESSA GALEAS DEL VALLE 301 SW 135<sup>TH</sup> AVE APT # 317 C PEMBROKE PINES, FL. 33027

MANAGER

ABDALLATIF DARWISH AHMED 301 SW 135<sup>TH</sup> AVE APT # 317 C PEMBROKE PINES, FL. 33027

MANAGER

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SAMANTHA VANESSA GALEAS DEL VALLE

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FI OPIN.