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SECRETARIST FRANK

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Name of Limited Liability C	DR + ruck LLC
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follo	owing:
Damian Pla	
Name of Per	son
NIA	
Firm/Compa	•
2075 SW 122n	id Avenue #413
Address	
MIAMITFIORIC	la 33175
DOCUMIAN OP  E-mail address: (to be used for future annu	Sip Code  Waynall Com
e-mail address: (to be used for future affile	an report notification)
For further information concerning this matter, please call:	
Damian Perez , 305,	849-5203
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Siling Fee & \$160.00 Filing Fee, Copy Copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	reet Address
<del>-</del>	ew Filing Section
	vision of Corporations ifton Building
	61 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  2075 SW122nd AVENUL#413 2016 SW122nd AVENUL#413  MICHAILE 23176 PRIMILEDICU 33176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Danian Perez
20715 SW 122nd AVENUE #413
Florida street address (P.O. Box NOT acceptable)  MIMIMI FIORICA 33/76
City State Zip
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  Registered Agent's Signature (REQUIRED)  (CONTINUED)
TAI 2

"MGR" = Authorized Member "MGR" = Manager	Name and Address:  Omign Plilz  On Swidend Alvinide #413
	HIUMITHUNIAU 33/15
(Use attachment if necessary)	1 1 0
of filing.) If the date inserted in this block does not mee	fic and cannot be more than five business days prior to or 90 days
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fective date is listed, the date must be speci- of filing.) If the date inserted in this block does not menument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in constitutes a third degree I	et the applicable statutory filing requirements, this date will not be listate's records.  State's records.  There or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

ARTICLE IV-