

10/20/2020

2000324989

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.

((H20000365553 3)))



H20000365553ABC\$

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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : 12018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*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.  
OFFWHITE FURNITURE, LLC

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

J. FASON

OCT 22 2020

2020 OCT 21 AM 11:16  
FILED

2020 OCT 21 AM 9:43  
FILED

(((H20000365553 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: October 14, 2020

### ARTICLE I – NAME:

The name of the Limited Liability Company is:

**OFFWHITE FURNITURE, LLC**

### ARTICLE II – ADDRESS:

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

**7400 SW 50th TERR. STE. 302  
MIAMI, FL 33155**

### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**ROLANDO E LEIVA CPA PA**

Name

**7400 SW 50th TERR. STE. 302**

Florida Street Address

**MIAMI, FL 33155**

City, State, and Zip


FILED  
2020 OCT 21 AM 11:16  
STATE

-continued-

(((H20000365553 3)))

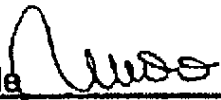
((H20000365553 3))

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 605.0203 (1) (b).

  
x \_\_\_\_\_  
Registered Agent's Signature  
ROLANDO E LEIVA CPA PA

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company is to be considered a multiple members LLC and is therefore a MULTIPLE MEMBER LLC company with multiple managers. The NAME and ADDRESS of initial MANAGERS/ AUTHORIZED MEMBERS are as follows:

Title   
Authorized Manager

Name and Address:  
MARIA P. DI DONATO  
7400 SW 50th TERR. STE. 302  
MIAMI, FL 33155

Title   
Authorized Manager

Name and Address:  
SEBASTIAN M. GAROFALO  
7400 SW 50th TERR. STE. 302  
MIAMI, FL 33155

-continued-

((H20000365553 3))

(((H20000365553 3)))

**ARTICLE V BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.


**ARTICLE VI – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: **OCTOBER 26, 2020.**



X \_\_\_\_\_  
Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

X   
\_\_\_\_\_  
**MARIA P. DI DONATO**  
Member/Manager of LLC

October 14, 2020

FILED  
2020 OCT 21 AM 11:16  
STATE

(((H20000365553 3)))