

L220000 36198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

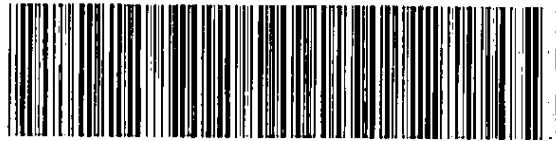
(Document Number)

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Office Use Only.



900379349589



FLORIDA DEPARTMENT OF
BANKING AND FINANCE
TALLAHASSEE, FL

TALLAHASSEE, FL 32304

FILED

2022 FEB -2 PM 2:32

2022 FEB -2 AM 10:10

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax::850.656.7953
www:incserv.com
e-mail: accountinc@incserv.com

incserv

ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE: 2/1/2022

PRIORITY: Regular Approval

OUR REF# (Order ID#): 995455

ORDER ENTITY:

DINIZIA CAPITAL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DINIZIA CAPITAL LLC (FL)

New LLC filing.

NOTES:

\$125.00 Authorized.

Email address for annual report reminders: barbara@ruizgonzalezlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DINIZIA CAPITAL LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2155 CORAL WAY
MIAMI FL 33145

Mailing Address:

2155 CORAL WAY
MIAMI FL 33145

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:

AGENT TRUSTEE SERVICES LLC

Name

2155 CORAL WAY

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

MIAMI

FL

33145

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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SFP
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Eduardo Mendez

2105 Coral Way

Miami, FL 33145

AMBR

Guillermo Imbrago

6210 NW 12 Way

Boca Raton, FL 33496

AMBR

Daniel S. Soria

1077 NE 9th St

Miami Shores, FL 33138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) ..

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any...

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.

Barbara R. Gonzalez Auth. Cap.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)