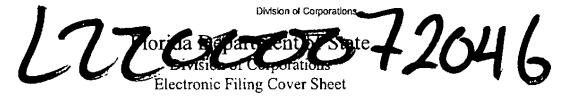
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Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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FLORIDA LIMITED LIABILITY CO. **DUVEL LLC**

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Page: 3 of 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| DUVEL LLC | in the words "Limited | Liability Company | 9.1.C."or."1.1.C."\ |
|--|--|--|---|
| (Musi conta | in the words Limited | Diabinty Company, | D.L.C., OF DDC. J |
| RTICLE II - Address: | | | |
| he mailing address and street ad | dress of the principal o | office of the Limited | Liability Company is: |
| Principa | l Office Address: | | Mailing Address: |
| 6386 NW 97 AVE | | | |
| DORAL, FL 33178 | | SAM | F |
| 2010 20110 | | | |
| | | | |
| ARTICLE III - Registered Age: The Limited Liability Company on their business entity with an ac- | cannot serve as its owr ctive Florida registration | & Registered Agen Registered Agent. Y | |
| ARTICLE III - Registered Age: The Limited Liability Company of another business entity with an ac- | cannot serve as its own ctive Florida registration ddress of the registered | & Registered Agent. You.) | t's Signature: 'ou must designate an individual or |
| ARTICLE III - Registered Age: The Limited Liability Company on their business entity with an ac- | cannot serve as its owr ctive Florida registration | & Registered Agen Registered Agent. You.) d agent are: | t's Signature: 'ou must designate an individual or |
| ARTICLE III - Registered Age: The Limited Liability Company on their business entity with an ac- | cannot serve as its own ctive Florida registration ddress of the registered | & Registered Agent. You.) | t's Signature: 'ou must designate an individual or |
| ARTICLE III - Registered Age: The Limited Liability Company on their business entity with an ac- | cannot serve as its own ctive Florida registration ddress of the registered PATRICIA CRISTE 1526 WHITEHALL | & Registered Agen Registered Agent. Yon.) d agent are: NA MARTINS DUA Name | t's Signature: (ou must designate an individual or |
| ARTICLE III - Registered Age: The Limited Liability Company on their business entity with an ac- | cannot serve as its own ctive Florida registration ddress of the registered PATRICIA CRISTE 1526 WHITEHALL | & Registered Agen Registered Agent. You.) d agent are: NA MARTINS DUA | t's Signature: (ou must designate an individual or |
| ARTICLE III - Registered Age | cannot serve as its own ctive Florida registration ddress of the registered PATRICIA CRISTE 1526 WHITEHALL | & Registered Agen Registered Agent. Yon.) d agent are: NA MARTINS DUA Name | t's Signature: (ou must designate an individual or |

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.

/a/ Patricia Cristina Martins Duarte
Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Membe | Name and Address: |
|---|---|
| "MGR" = Manager | 1 |
| AMBR | PATRICIA CRISTINA MARTINS DUARTE |
| | 1526 WHITEHALL DR APT 104 DAVIE, FL 33324 |
| | |
| AMBR | MARCIA REGINA MARTINS DUARTE |
| | 1526 WHITEHALL DR APT 104 |
| | DAVIE, FL 33324 |
| AMBR | CAIO MONTEIRO VELOSO |
| | 1526 WHITEHALL DR APT 104 |
| | DAVIE, FL 33324 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| CLE V: Effective date, if other than | n the date of filing: (OPTIONAL) |
| effective date is listed, the date m te of filing.) | ust be specific and cannot be more than five business days prior to or 90 day |
| | does not meet the applicable statutory filing requirements, this date will not be |
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| If the date inserted in this block of | partment of State's records. |
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| If the date inserted in this block ocument's effective date on the De | partment of State's records. |

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. 1 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.

PATRICIA CRISTINA MARTINS DUARTE

Typed or printed name of signee

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)

