

10/20/2020

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
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

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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

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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 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

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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

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