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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
3/24	Fill	



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Office Use Only

TRANSMITTAL LETTER

JBJECT:	Design Financial Group
	(Name of Limited Liability Company)
enclosed Artic	eles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
_	Marie Perez
	(Name of Person)
	Design Financial Group, LLC
	(Firm/Company)
	13727 SW 152 Street, #246
	(Address)
	Miami, FL 33177
	(City/State and Zip Code)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Design Financial Group	LLC.		
	-, v · · · · · · · · · · · · · · · · · ·		•
ARTICLE II - Addr The mailing address a		incipal office of the Limited Liability Compan	y is:
Principal Office Add	lress:	Mailing Address:	
13727 SW 152 Street, #	±246	13727 SW 152 Street, #246	-
Miami, FL 33177		Miami, FL 33177	
			•
~	istered Agent, Registered rida street address of the r	Office, & Registered Agent's Signature: egistered agent are:	
~	9 / 0		-
~	rida street address of the r		and the second
~	rida street address of the r Marie Pere		Amaganage (Control of Control of
~	rida street address of the r Marie Pere Name	egistered agent are: z et, #246 D. Box NOT acceptable)	Andrews Control of the Control of th
~	mida street address of the r Marie Pere Name 13727 SW 152 Stre	et, #246 D. Box NOT acceptable) FLORIDA 33177	

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Managing Member Marie Perez 13727 SW 152 Street, #246 Miami, FL 33177 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Marie Perez Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)