

W4000088392

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY  
DE ARMAS ASSOCIATE OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name: DE ARMAS ASSOCIATE OF FLORIDA, LLC.**

**ARTICLE II:-Address: 9147 SW 113 PLACE MIAMI, FLORIDA 33176**

**ARTICLE III:-Registered Agent, Registered Office, & Registered Agent's Signature**

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

LUZ E. DE ARMAS

NAME

9147 SW 113 PLACE.

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

MIAMI, FL, 33176

City, State, and Zip Code

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 positions as registered agent as provided for in Chapter 606, F.S.

Registered Agent's Signature

**ARTICLE IV-MANAGEMENT (Check box if applicable)**

☒ **The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company**

(An additional article must be added if an effective date is requested)

[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)

LUZ E. DE ARMAS  
Typed or printed name of signee

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