L05000001821

(Re	questor'	s Name)	
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/2	Zip/Phone	(#)
PICK-UP		VAIT	MAIL
(Bu	ısin ess E	ntity Name	-
(Do	cument	Number)	
•		•	
Certified Copies	_ C	ertificates o	of Status
Special Instructions to	Filina Of	ficer.	 _
•	J		
Vaine			
vadability			
Smort and the second of the se			
<u>Jocument</u> Haminot	- 202		
	Office	Use Only	
Jodatet]	
thydaler Tresilver	DCC	{	
who readt	DCC	_	
W. P. Verliyer	DOC		



200043722132

01/03/05--01035--027 **155.00

TRANSMITTAL LETTER

TO:	Registration S Division of Co					
SUBJI	ECT: DNG HO	PLDING ESTATE GROUP, I		ompany)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for f	ĭling.		
Please	return all corresp	ondence concerning this matte	er to the follow	ving:		
			LEON, ESQ			
		(Name of Persor	1)		
		_ THE LAW OFF	ICES OF JO	HN LEON		
<u> </u>		(Firm/Company)		
		6175 NW 153 S		ITE 403		
			(Address)			
		MIAMI LAKES,	FLORIDA 3	3014	- !	
			State and Zip C		 :- (1	
For furt	ther information	concerning this matter, please	call:			1 W
JOHN	LEON		at (305	827-9983		
	(Name	of Person)		Code & Daytime T	elephone Number)	
Enclos	ed is a check fo	or the following amount:				90
□ \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	☐ \$160.00 Fit Certificate of Certified Cop (additional copy	Status &
	Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limit	ed Liability Compa	any is:					
DNG HOLD	ING ESTATE GROU	P, LLC		_			
ARTICLE II - Addre The mailing address an		the principal office of the Limited	Liability	Company	y is:		
Principal Office Address:		Mailing Address:	Mailing Address:				
17251 SW 12 STREET SAME		SAME					
PEMBROKE PINES, FL	ORIDA 33029	SAME		_ _			
The name and the Florida street address of the registered agent are: JOHN LEON Name Na			700				
	6175 NW 153 STREET		•	- T.	-		
Florida street address (P.O. Box NOT acceptable)			.:				
MIAMI LAKES, FL 33014 FL City, State, and Zip				03			
liability company o registered agent and o statutes relating to to	nt the place designatingree to act in this content of the proper and compions of my position of the proper and compions of the proper and compions of the proper and compions of the properties	and to accept service of process for the din this certificate, I hereby accept apacity. I further agree to comply we lete performance of my duties, and I is registered agent as provided for in Agent's Signature	the appo ith the pr am famil	ointment a rovisions o liar with a	is of ali ind		

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = Manager					
"MGRM" = Manag	ing Member				
MGRM		MANUEL NEGREIRA			
	,	698 NW 106 AVE			
		CORAL SPRINGS, FL 3307	71		
MGRM		VINCENTE DANIEL-GONZ	ALEZ		
	•	17251 SW 12 STREET			
		PEMBROKE PINES, FL 33	029		
MGRM		JORGE LUIS GONZALEZ			
		6215 W 22 COURT #7	6215 W 22 COURT #7		
		HIALEAH, FLORIDA 33016			
		<u>-</u>			
			= ,!		
(Use attachment if	necessary)		Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
NOTE: An addition	onal article mus	st be added if an effective date	is requested.		
			رب		
REQUIRED SIGN	IATURE:		·		
			\$.,.		
		11/1			
-					
Si	gnature of a mem	ber of an authorized representative	of a member.		
		section 608.408(3), Florida Statutes, th stitutes an affirmation under the penal d herein are true.)			
	JOHN LEON				
=	7	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)