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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dasyl Entreprises, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sylvie Tina Pierre

(Name of Person)

Dasyl Entreprises, L.L.C.

(Firm/Company)

2048 SW 176 Terrace

(Address)

Miramar, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvie Tina Pierre

(Name of Person)

at (305) 345-4718

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DasyL Entreprises, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2048 SW 176 Terrace
Miramar, FL 33029

Mailing Address:

P.O. BOX 640711
Miami, FL 33029

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

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

Sylvie Tina Pierre

Name

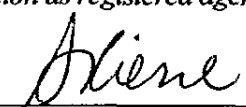
2048 SW 176 Terrace

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

Miramar FL 33029

City, State, and Zip

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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Sylvie Tina Pierre
2048 SW 176 Terrace
Miramar FL 33029

"MGRM"

Danielle Monfiston Jean
15866 SW 51ST
Miramar, FL 33027

"MGRM"

Marc Accilien
2048 SW 176 Terrace
Miramar, FL 33029

"MGRM"

Marjorie Joseph
4975 SW 15th Ave. Miramar, FL 33027
Alpaide Jean


"MGRM"

2048 SW 176 Terrace, Miramar, FL 33029

(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.)

Sylvie Tina Pierre

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGRM"

Name and Address:

Alpaide Jean

2048 SW 176th Terrace

Miramar, FL 33029

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TALLAHASSEE, FLORIDA