

LO5000092333

Florida Department of State
Division of Corporations
Public Access System

SEP 19 A 8:55

WILLIAM PAINE
CORPORATION

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000222127 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

05 SEP 19 11:43

DIVISION OF CORPORATIONS

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305)634-3694
 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

damesec 704 llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2/8/19

3

H05000222/27

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

SEP 19 4 3:55
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

DAMESEC 704 LLC

Article II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>18206 COLLINS AVE</u>	<u>18206 COLLINS AVE</u>
<u>SUNNY ISLES, FL</u>	<u>SUNNY ISLES, FL</u>
<u>33160</u>	<u>33160</u>

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


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

FERNANDO ALPERN
Name

18206 COLLINS AVE
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES, FL 33160
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 608, F.S..


Registered Agent's Signature

H05000222/27

HD5000222127

ARTICLE IV - Management / Member(s):
The name(s) and address(es) of each Manager or Managing Member is as follows:

SEP 19 A 3:55
TRUSTEE
STATE OF FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Aniel Muappra
18206 Collins Ave
Sunny Isles, FL 33160

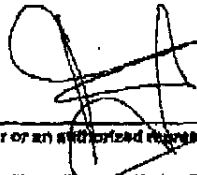
MGR

Yoel Antebi Zacca
18206 Collins Ave
Sunny Isles, FL 33160

(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 605.408(3), Florida Statute,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

FERNANDO ALPERN

Typed or printed name of signer

HD5000222127