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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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LIMITED LIABILITY COMPANY

DANANDRE LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DANANDRE LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2193 NW 208 TERRACE  
PEMBROKE PINES FLA 33029

**Mailing Address:**

2193 NW 208 TERRACE  
PEMBROKE PINES FLA 33029

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALVARO H. RAMIREZ

Name

2193 NW 208 TERRACE

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

PEMBROKE PINES 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 608, F.S..*

Alvaro H Ramirez

Registered Agent's Signature (REQUIRED)

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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

ALVARO H. RAMIREZ

2193 NW 208 TERRACE

PEMBROKE PINES FLA 33029

MGRM

FABIANA P. RAMIREZ

2193 NW 208 TERRACE

PEMBROKE PINES FLA 33029

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Alvaro H. Ramirez  
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.)

Alvaro H. Ramirez  
Typed or printed name of signer