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Florida Department of State  
Division of Corporations  
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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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

201 dph llc

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

605-111841  
OR

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

201 DPH LLC

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

Principal Office Address:

Mailing Address:

18206 COLLINS AVE  
SUNNY ISLES, FL  
33160

18206 COLLINS AVE  
SUNNY ISLES, FL  
33160

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.,

[Signature]  
Registered Agent's Signature

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

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

**Name and Address:**

MGR

HERNAN GLEIZER  
19206 Collins Ave  
Sunny Isles, FL 33160

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(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 606.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

FERNANDO DIPERN  
Typed or printed name of signer

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