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SECRETARY OF STATE DIVISION OF CORPORATION





COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: ATIRA DANU, LLC	
Name of Limited	d Liability Company
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Chris Donnelly	
	Name of Person
	Finn/Company
3020 NE 32nd Avenue, Apt	803
	Address
Ft. Lauderdale, FL 33308	
	State and Zip Code
chrisdonnelly8@gmail.com	r future annual report notification)
· ·	·
For further information concerning this matter, please	call:
Chris Donnelly	at (954) 298-5113
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigsim \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Signature Signa
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:		
Atira Danu, LLC			
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
3020 NE32nd Ave Apt. 803 Ft. Lauderdale, FL 33308	3020 NE32nd Ave Apt. 803 Ft. Lauderdale, FL 33308		
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another		
The name and the Florida street address	of the registered agent are:		
Christopher Don	nelly		

Name

3020 NE32nd Ave., Apt. 803

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

Ft. Lauderdale

FL 33308 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..

(CONTINUED)

Page 1 of 2

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

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

MGRM	Dr. Joachim Mensing	
	5001 Collins Ave. PH-3	
	Miami Beach, FL 33140	
MGR	Christopher Donnelly	
	3020 NE32nd Ave, Apt. 803	
	Ft. Lauderdale, FL 33308	
Use attachment if necessary)		
EV : Effective date, if other than th	e date of filing:	. (OPTION

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher J. Donnelly

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)