

09/08/2030 00:05

#7940 P.001/004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L1200041132**

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.

(((H12000264058 3)))



H120002640583ABC

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

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
D J IMPORT 2021 CA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -6 AM 10:00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

J. SAULSBERRY  
EXAMINER

NOV 7 2012

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

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

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

**Mailing Address:**

8123 NW 68 St.  
Miami FL 33166

(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.)

Name \_\_\_\_\_

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

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 (REQUIRED)

Page 1 of 2

H 1 2 0 0 0 2 6 4 0 5 8

H12000264058

**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:**MGRMALFREDO DE FRIEITAS  
8123 NW 68 ST  
MIAMI, FL 33166

(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:**

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.)

ALFREDO DE FRIEITAS

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV -6 AM 9:00

**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)

H12000264058