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uestor's Name)				
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COVER LETTER

TO: Registration Section
Division of Corporations

GUBJECT: D'Argaray International

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this ma	atter to the following:			
Edward Braun				
	Name of Person			
D'Argaray Internat				
1015 Wilkinson St	Firm/Company	`		
	Address			
Orlando, FL 32803	3	20		
	City/State and Zip Code	हुत ह		
City/State and Zip Code conleybraun@gmail.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
The state of the s				
Edward Braun at 334 728-4941 Name of Person Area Code & Daytime Telephone Number		PH 2: 00 OF STATE		
Name of Person	Area Code & Daytime Telephone Number	5 M S		
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee \$\Bigsim \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &		
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section			

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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 Company is:		
D'Argaray International, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1801 Island Club Drive	1015 Wilkinson St	
#73	Orlando, FL 32083	
Melbourne, FL 32903		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's sered Agent. You must designate an individual	Signature: ual or another 2013
The name and the Florida street address of the re	egistered agent are:	
Edward Braun		JAN 2
Name		% % 50 €
1015 Wilkinson Street		OF S
Florida street add	ress (P.O. Box NOT acceptable)	S :: 5
Orlando, FL, 32803	FL	₹ 6
City, Sta	ate, 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

(CONTINUED)

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

<u>Title:</u> "MGR" = M "MGRM" =	anager Managing Member	Name and Address:
MGR		Edward Braun
		1015 Wilkinson St
		Orlando, FL 32803
i		
	-	
(Use attachr	ment if necessary)	·
	• •	A L. CCI
		he date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
rior to or 90 days	after the date of filing.)	·
REQUIRE	<u>D</u> SIGNATURE:	
	90	
	Signature of a mem	ber or an authorized representative of a member.
c I	In accordance with section 60 constitutes an affirmation und am aware that any false info	08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the symmetrian submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
	Edward Braun	
	7	Typed or printed name of signee
Filing	Fees:	7 E

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)