

Feb 24 2014 01:59PM

Michael J. Freeman, P.A. (305) 442-1227

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
Delfini LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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Corporate Filing Menu

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FEB 25 2014

FAX AUDIT NO.: H14000044961 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DeRint LLC

ARTICLE II - Address:

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

Principal Office Address:

**3109 Grand Avenue #410
Miami, FL 33133**

Mailing Address:

**3109 Grand Avenue #410
Miami, FL 33133**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

**M.J.F. Registered Agent Corp.
Name**

**153 Sevilla Avenue
Florida Street Address (No P.O. Box)**

**Coral Gables, FL 33134
City, State, and Zipcode**

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 603, F.S..


**Registered Agent's Signature
(Michael J. Freeman, President)**

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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:

*AMBR = Authorized Member
*MGR = Manager

Name and Address:

AMBR

Patrick Perez
4 Radnor Mansion
164 King's Road
London United Kingdom SW3 4UP

AMBR

Guenola Perez
4 Radnor Mansion
164 King's Road
London United Kingdom SW3 4UP

REQUIRED SIGNATURES:



Signature of a member or an authorized representative of a member
(in accordance with section 605.0200 (1) (b), 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.)

Patrick Perez and Guenola Perez

Type or print name of signers

Filing Fees:

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

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