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| PICK-UP | ☐ WAIT | MAIL, |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-----------|--|---|
| SUBJEC | CCT: Dapper - Apps LLC Name of Limited Liability Company | |
| | · | |
| The encl | closed Articles of Organization and fee(s) are submitted for filing. | |
| Please re | return all correspondence concerning this matter to the following: | |
| | David Anthony Batista | |
| | Name of Person | |
| | Dapper-Apps LLC | |
| | Firm/Company | |
| | 8301 NW 166 # Terrace | |
| | Address | |
| | Miami Lakes, FL 33016 | |
| | City/State and Zip Code | |
| | Ubati 0020 FIU, EDU E-mail address: (to be used for future annual report notification) | |
| F 6 1 | | |
| For furth | her information concerning this matter, please call: | |
| Da | Avid A. Batista at (305) 206-9515 Name of Person Area Code Daytime Telephone Number | K Comment |
| | | - |
| Enclosed | d is a check for the following amount: | |
| \$125.00 | O Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$ Certificate of Status Certified Copy (additional copy is enclosed) | Man |
| | | |

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 FIX | ORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| (Must end with the words Limited L | nability Company, "L.L.C.," or "LLC.) |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ce of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8301 NW 166 Tallace | 8301 NW 166 Terrace |
| Miami Lates, FL 33016 | 8301 NW 166 Terrace Miami Lakes, FL 33016 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered ag | gent arc: |
| David Anthony Name 8301 NW 166 | Batista |
| Name • | T . |
| | |
| Florida street address (P.O. Box N | |
| <u>Miami Lakes</u> | FL 33016 |
| City | Ζιp |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S |
| - Ingt Tall | |
| Registered Agent's Signatur | |
| (CONTINUEI | |
| Page 1 of 2 | The production |
| | AMII: 05 |

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager AMBL/M6L | David Anthony Batista |
| | 8301 NW 1860 Terr |
| | Miami Letes, FL 33016 |
| AMBR/MER | Antonio Assenza |
| L. De Mote | 6460 NW 7244 Way |
| | Partland, FL 33067 |
| N 200 D 120 C D | r |
| AMBR/MGR | trancisco Aguillera |
| | Sea Rarch Lakes, FL 33308 |
| | Sea Harch Lakes, FL 33308 |
| | |
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| (Use attachment if necessary) | |
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| of filing.) | pecific and cannot be more than five business days prior to or 90 da |
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| of filing.) E VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 da |
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| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a till (In accordance with section 6 | nember or an authorized representative of a member. |
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ARTICLE IV-