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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

SUBJECT:	DANALEX Properties
302011	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	ALEX PERETRA
	Name of Person
_	Firm/Company
	17001 COLLINS AVE. # 2105
	Address
_	SUNNY ISLES BEACH FL, 33160 City/State and Zip Code
	City/State and Zip Code ALEXOPARAISOPICTURES, COT
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
DLEX	Peneirs at 310 717-3343 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filir	

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

The name of the Limited Liability Company is:		
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
(Must end with the words "Limited 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:		
17001 COLLINS AVE SAME #2105 MIRNI, FL 33160		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual another business entity with an active Florida registration.)	or	
The name and the Florida street address of the registered agent are:	2014	
ALEX PEREIRA Name	NIC.	-
T.:	₩	
17001 COLLINS AVE. #2105 Florida street address (P.O. Box NOT acceptable)	유	(
	AIS A	
MIANI FL 33160 City Zip	河 5	
Having been named as registered agent and to accept service of process for the above stated limited liability of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to accapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as provide Chapter 605, F.S	t in this formance	
Registered Agent's Signature (REQUIRED)		
(CONTINUED)		

Page 1 of 2

Title: "AMBR" = Authorized M "MGR" = Manager		Name and Address:			
<u>ALEX PEREIR</u> Dawitza Dt	MGR) >	17001 cou	ins Aue.	#2	lc
(Has attachment if masses					
E V: Effective date, if other cective date is listed, the date	er than the date of filing: _				lay
E V: Effective date, if other ective date is listed, the date of filing.) E VI: Other provisions, if a	er than the date of filing: _ ite must be specific and o		e business days pr		lay!
(In accordance v constitutes an af	er than the date of filing: _ate must be specific and only. RE: ature of a member or a with section 605.0203 (1) firmation under the penal	n authorized represents (b), Florida Statutes, the ties of perjury that the fa	ative of a member execution of this docts stated herein an	ior to or 90 c	lay
E V: Effective date, if othe ective date is listed, the date of filing.) E VI: Other provisions, if a second seco	er than the date of filing: intermust be specific and of any. RE: nature of a member or a with section 605.0203 (1) Tirmation under the penal any false information sub rd degree felony as provided.	n authorized represents (b), Florida Statutes, the ties of perjury that the famitted in a document to t	ative of a member execution of this docts stated herein and the Department of S	ior to or 90 c	ZHA JUN