

# H14000189370

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.  
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Phone : (305) 644-3055  
Fax Number : (305) 644-3052

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TALLAHASSEE, FLORIDA

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

**FLORIDA LIMITED LIABILITY CO.  
DR & SR INVESTMENT, LLC**

EFFECTIVE DATE  
12-11-14

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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EFFECTIVE DATE  
12-11-14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**DR & SR INVESTMENT, LLC**

## ARTICLE II - Address:

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

## Principal Office Address:

2141 SW 1ST Street Suite 110  
Miami, FL 33135

## Mailing Address:

2141 SW 1ST Street Suite 110  
Miami, FL 33135

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

**DANNY RODRIGUEZ**\_\_\_\_\_  
Name

2141 SW 1ST Street Suite 110

\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)

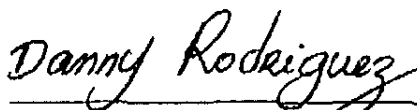
Miami, FL 33135

\_\_\_\_\_  
City

State

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 605, F.S..*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)FILED  
14 DEC 11 PM 2:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

DANNY RODRIGUEZ

2141 SW 1ST Street Suite 110

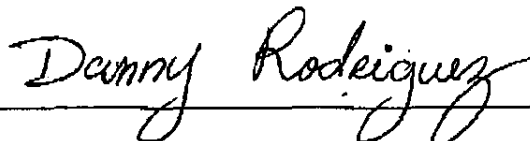
Miami, FL 33135

**ARTICLE V:** Effective date, if other than the date of filing: December 11, 2014. (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (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.)

**DANNY RODRIGUEZ**

\_\_\_\_\_  
Typed or printed name of signee