

JUL-10-2015 FRI 02:32 PM Siegfried, Rivera, Lerner

FAX NO. 9544652590

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Division of Corporations

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Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
DELAVAL PARTNERS LLC

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S. GILBERT

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**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: DELAVAL PARTNERS LLC  
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:

Oscar R. Rivera, Esq.  
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@srh-law.com](mailto:orivera@srh-law.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: **DELAFALS PARTNERS LLC**

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**

3400 S.W. 27<sup>TH</sup> AVE. APT. 405  
MIAMI, FLORIDA 33133

**Mailing Address:**

3400 S.W. 27<sup>TH</sup> AVE. APT. 405  
MIAMI, FLORIDA 33133

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

*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.*



Oscar R. Rivera, Registered Agent  
Florida Bar No.:329193

**ARTICLE IV – MANAGER/DIRECTORS**

**Title:**

MGR

**Name and Address**

CHRISTIAN DE LA FE  
3400 S.W. 27<sup>TH</sup> AVE. APT. 405  
MIAMI, FLORIDA 33133

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FILED  
15 JUL 10 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REQUIRED SIGNATURE:**



Signature of a member or 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.)

OSCAR R. RIVERA

Type or printed name of signee

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