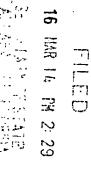


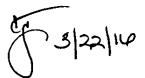
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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03/14/16--01012--023 **125.00





COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Dancololl LLC
SUBJECT: 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:
Vanessa Haim Name of Person
Dopedall LCC Firm/Company
9315 West Snrise Blyd Address
Plantation, FL 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanessa Haim at (754) 245-6372 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	FILED
basedall I LC	16 MAR 14 PM 2: 29
(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:	the sink nadige

Principal Office Address:	Mailing Address:
9315 West Surise Blvd Plantation, FL 33322	9315 West Sunise Blvd Plantation, FL 33322
E III - Registered Agent, Registered Office, & Registere	ed Agent's Signature:

ARTICL (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:

9315 West Surise 131
Florida street address (P.O. Box NOT acceptable)

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	11 11 .
_MGR	Janesson Haim 9315 Wrist Surise Blvd Plantation FL 33372
AMBR	Marrice Cordain 9315 West Sunrise Blvd Plantation, FC 33322
AMBR	Blanca Cardova 9315 Liest Sunrise Blad Plantation, Fu 33322
(If an effective date is listed, the date must be the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
This document is exe I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
_Uar	Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

PH 2: 29

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)