11000077751

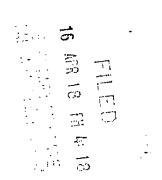
questor's Name)	· · · · · · · · · · · · · · · · · · ·
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nar	ne)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates

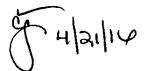
Office Use Only



300284558523

04/18/16--01012--023 **160.00





COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	PALAS HOLDINGS LLC	
SOBULC	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Paul Rainer lashofer	
	Name of Person	
	Cemanco LC	
	Firm/Company	
	951 NW 31st Avenue	
	Address	
	Pompano Beach, FL 33069	
	City/State and Zip Code rainer@cemanco.com	
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	Paul Rainer Lashofer 954 9703099at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified	d)
		5 =

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CL	Æ.I	I - 1	Nα	me.

The name of the Limited Liability Company is:

FILED

16 APR 18 PH 4: 18

Dalac	Holdings	110
Palas	Holdings	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:
951 NW 31st Avenue	951 NW 31st Avenue
Pompano Beach, FL 33069	Pompano Beach, FL 33069

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 or another business entity with an active Florida registration.)

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

Beliza Bermudez		
	Name	
951 NW 31st Avenue	•	
Florida street address	(P.O. Box NOT acc	ceptable)
Pompano Beach	Florida	33069
City	State	7in

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGR" = Manager AMBR Paul Rainer Lashofer 951 NW 31st Avenue Pompano Beach, FL 33069 AMBR Beliza Bermudez 951 NW 31st Avenue Pompano Beach, FL 33069 LE V: Effective date, if other than the date of filing: (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unneant's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am waver that any fishe information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Paul Rainer Lashofer Typed or printed name of signee Elling Fees: \$125.00 Fiting Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional) \$ 5.00 Certificate of Status (Optional)	Title:		Name and Address:		
AMBR Paul Rainer Lashofer 951 NW 31st Avenue Pompano Beach, FL 33069 AMBR Beliza Bermudez 951 NW 31st Avenue Pompano Beach, FL 33069 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:					
AMBR Beliza Bermudez 951 NW 31st Avenue Pompano Beach, FL 33069 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accognized and a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Paul Rainer Lashofer Typed or printed name of signee Filing Fees: \$125.00 Ertified Copy (Optional) \$500 Certificate of Status (Optional)		ger	Paul Rainer Lashofer		
AMBR Beliza Bermudez 951 NW 31st Avenue Pompano Beach, FL 33069 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) filt the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S. Paul Rainer Lashofer Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$20.00 Certificate of Status (Optional)	AMDK				
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:					
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:					
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Cective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.] [Cective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.] [Cective date in list block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. [Cective date in list block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State is records. [Cective date in list block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State is a successful and the second of the provisions, if any. [Cective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of this date will not be unent's effective date will not ef	AMBR				
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Coptional] (Coptional)			-		
LE V: Effective date, if other than the date of filing:			Polipano Beach, PL 33009		
LE V: Effective date, if other than the date of filing:	<u> </u>				
LE V: Effective date, if other than the date of filing:					
LE V: Effective date, if other than the date of filing:					
LE V: Effective date, if other than the date of filing:					
ref filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Paul Rainer Lashofer Typed or printed name of signee	(Use attachment	if necessary)			
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Paul Rainer Lashofer Typed or printed name of signee 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)	f the date inserted iment's effective of	in this block does not m late on the Department of	neet the applicable statutory filing requirements, this		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Paul Rainer Lashofer Typed or printed name of signee 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)	f the date inserted iment's effective of	in this block does not m late on the Department of	neet the applicable statutory filing requirements, this		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Paul Rainer Lashofer Typed or printed name of signee 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)	f the date inserted iment's effective of LE VI: Other provi	in this block does not make on the Department of isions, if any.	neet the applicable statutory filing requirements, this of State's records.		-
Typed or printed name of signee 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) Page 2 of 2	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any.	neet the applicable statutory filing requirements, this of State's records.	date will not	-
Typed or printed name of signee 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) Page 2 of 2	f the date inserted iment's effective of the course of the	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is executed am aware that any false	mber or an authorized representative of a member of a naccodance with section 605.0203 (1) (b), Floric information submitted in a document to the Departm	date will not	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2	f the date inserted iment's effective of the course of the	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member of a naccodance with section 605.0203 (1) (b), Floric information submitted in a document to the Department of the provided for in s.817.155, F.S.	date will not	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2	f the date inserted iment's effective of the course of the	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Floric information submitted in a document to the Department of the provided for in s.817.155, F.S.	date will not	-
\$ 5.00 Certificate of Status (Optional) Page 2 of 2	f the date inserted iment's effective of the course of the	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mere of this document is executed am aware that any false constitutes a third degree on the paul Rainer Lashon.	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Floric information submitted in a document to the Department of the Departmen	date will not	
Page 2 of 2	f the date inserted iment's effective of the LE VI: Other provide REOUIRED SIGNATURE S	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mere of a mere of this document is executed am aware that any false constitutes a third degree on the paul Rainer Lashouter of Org	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Floric information submitted in a document to the Department of the Departmen	r. da Statutes.	be I
1 age 2 01 2	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is execute am aware that any false constitutes a third degree Paul Rainer Lashouse Paul Rainer Lashouse Copy (Optional)	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Floric information submitted in a document to the Departm felony as provided for in s.817.155, F.S. Defer Typed or printed name of signee Filing Fees: Canization and Designation of Registered Agent	r. da Statutes. ent of State	be I
1 age 2 01 2	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is execute am aware that any false constitutes a third degree Paul Rainer Lashouse Paul Rainer Lashouse Copy (Optional)	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Floric information submitted in a document to the Departm felony as provided for in s.817.155, F.S. Defer Typed or printed name of signee Filing Fees: Canization and Designation of Registered Agent	r. da Statutes. ent of State	be
	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is execute am aware that any false constitutes a third degree Paul Rainer Lashouse Paul Rainer Lashouse Copy (Optional)	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florid information submitted in a document to the Departm felony as provided for in s.817.155, F.S. ofer Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent al)	r. da Statutes. ent of State	be I
	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is execute am aware that any false constitutes a third degree Paul Rainer Lashouse Paul Rainer Lashouse Copy (Optional)	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florid information submitted in a document to the Departm felony as provided for in s.817.155, F.S. ofer Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent al)	r. da Statutes. ent of State	be I
	f the date inserted iment's effective of the control of the contro	in this block does not make on the Department of isions, if any. GNATURE: Signature of a mer of this document is execute am aware that any false constitutes a third degree Paul Rainer Lashouse Paul Rainer Lashouse Copy (Optional)	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florid information submitted in a document to the Departm felony as provided for in s.817.155, F.S. ofer Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent al)	r. da Statutes. ent of State	be