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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Café de Hollande, LLC		
SOBJEC		Limited Liability Company	
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	turn all correspondence concerning this	matter to the following:	
	Daniel V. Szemis		
	-	Name of Person	
	DVS Ventures, LLC		
		Firm/Company	
	531 8th Ave S		
		Address	4 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Naples, FL 34102		AU6 2
	dvszemis@hotmail.com	City/State and Zip Code	
	E-mail address: (to be us	sed for future annual report notification)	O. P. III
For further	r information concerning this matter, ple	ease call:	6 部
	Daniel Szemis	609 802-2291	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
	Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Certificate of S (additional copy is enclosed) Certificate Copy (additional copy is	tatus &
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iábility Company is:			
Café de Hollan	de, LLC			
(Mus	t end with the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal of	office of the Limited	d Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
Café de Hollan	de, LLC		é de Hollande, LLC	
531 8th Ave S			8th Ave S	
Naples, FL 341	02	Na ₁	oles, FL 34102	
The name and the Florida's	treet address of the registere DVS Ventures, LLC	_		
	531 8th Ave S	, while		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	acceptable)	
	Naples	FL	34102	
	City	State	Zip	
place designated in this certi jurther agree to comply with	ficate, I hereby accept the app the provisions of all statutes i the obligations of my position	pointment as registed relating to the prope	e above stated limited liability of red agent and agree to act in the rand complete performance of as provided for in Chapter 605 ture (REQUIRED)	is capacity. I my duties, and I
		(CONTINUED)		

Page 1 of 2

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

Title:	uthorized Member	Name and Address:	
"MGR" = Mai			
MGR	iagei	Daniel V. Szemis	
		531 8th Ave S	
		Naples, FL 34102	
MGR		Sebastianus H. Hermans	
		2045 Timberline Drive	
		Naples, FL 34109	
-			·
(Use attachme	nt if necessary)		
(ose anaemie	in it necessary)		
ment's effectiv	ed in this block does not mee e date on the Department of s ovisions, if any.	et the applicable statutory filing requirements, this c State's records.	date will not be
of filing.) f the date insert ment's effectiv LE VI: Other pr	e date on the Department of		date will not be
of filing.) f the date insert ment's effectiv LE VI: Other pr	e date on the Department of sovisions, if any.		date will not be
of filing.) If the date insert Iment's effectiv LE VI: Other pr	e date on the Department of Sovisions, if any. SIGNATURE: Signature of a member This document is executed I am aware that any false in		· la Statutes.
of filing.) If the date insert Iment's effectiv LE VI: Other pr	e date on the Department of Sovisions, if any. SIGNATURE: Signature of a member This document is executed I am aware that any false in	ber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Floric formation submitted in a document to the Department	· la Statutes.
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