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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN

Account Number : I20070000020 Phone : (813)435-3176

Fax Number : (713)429-1276

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address: Andres posse 15@g Moil, Com

FLORIDA LIMITED LIABILITY CO. DG WILLIAMSPORT IN LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DG WILLIAMSPORT IN LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					
(Mi	ist contain the words "Limited	g Diability Company, "D.	a.C., or LLC.)		
ARTICLE II - Address: The mailing address and	street address of the principal	office of the Limited Liab	bility Company is:		
Principal Office Address:			Mailing Address:		
7274 NW 34th			7274 NW 34th		
Miami, Florida 33122		Miami, J	Florida 33122		
(The Limited Liability Co	red Agent, Registered Office ompany cannot serve as its over vith an active Florida registrat	vn Registered Agent, You	must designate an individual or	2017 MAR SEGRETA TALLAHA	
The name and the Florida	a street address of the register	red agent are:		AR 21 ETAR HAS:	ere ren fra
The name and the Florida	_	ES OF NICK SPRADLIN	N, PLLC	22 ARY (SSEE	1
The name and the Florida	_	•	N, PLLC	22 PA ARY OF SSEELF	<u> </u>
The name and the Florida	THE LAW OFFIC	ES OF NICK SPRADLIN		22 PA ARY OF SSEELF	7
The name and the Florida	THE LAW OFFIC	ES OF NICK SPRADLIN Name	<u> </u>	22 PM 8: 4 ARY OF STAIN SSEELFLORID	7
The name and the Florida	THE LAW OFFIC	ES OF NICK SPRADLIN Name IORE BLVD, SUITE 200	<u> </u>	22 PA ARY OF SSEELF	

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)

(CONTINUED)

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Title: "AMBR" ≈ Authorized Member "MGR" = Manager MGR		Member	Name and Address:			
			Andres Passe			
	MOR		Andres Posse 7274 NW 34th			
			Miani, Florida 33122			
	AMBR		FLORENTEM BV, LLC			
			7274 NW 34th			
			Miami, Florida 33122			
	(Use attachment if neces	ssary)				
(if an eff	ective date is listed, the	ther than the date of filling: date must be specific and	(OPTIONAL) i cannot be more than five business days prior to or 90 days after			
the date (umiliankia arangan 2011			
		the Department of State's	applicable statutory filing requirements, this date will not be listed a records.			
, perce	E \$41. Oak an manadabana d	· ·				
ANY AN	E VI: Other provisions, i ND ALL LAWPUL BUS	IT ANY. SINESS PURPOSES				
	-					
	REQUIRED SIGNAT	ure:				
	,	<i>[</i>				
	Ś	ignature of a member or	an authorized representative of a member.			
	This do	cument is executed in acc	cordance with section 605,0203 (1) (b), Florida Statutes.			
			tion submitted in a document to the Department of State is provided for in s.817.155, F.S.			
			•			
	1	NICKOLAS J. SPRADLĪ	N AUTHORIZED REP. OF A MEMBER			

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)