Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000161493 3)))



H170001614993ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)5\$2-\$973 : (305)675-5944 Fax Number

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO. DARK LATIN GROOVE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130,00

Electronic Filing Menu

Corporate Filing Menu

Help

H1700016149;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The hame of the Limited Liability Company is: Coust end with the words *Limited Liability Company, **LLC or **LLC"
Dark Latin Groove LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability
Company is: 14629 SW 104 ST
STE 447
<u>Miami FL 33186</u>
ARTICLE III - Registered Agent, Registered Office; The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Ramon Gonzalez
14629 SW 104 ST STE 447
Miami FL 33186
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: Ramon Gonzalez (AMBR) WIFTERO A Crispin (AMBR)
SEC ALL

Required Signatures:

H17000181493

Signature of a member or an 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.

Typed or printed name of signee

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)