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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Codified Coning	Codificato	s of Status
Certified Copies	_ Cenincates	s or Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	DAPEX, LLC.
3020	Name of Limited Liability Company
The cnc	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	ANDREY DYACHENKO
	Name of Person
	DAPEX, LLC.
	Firm/Company
	18401 COLLINS AVE. #100-222
	Address
	SUNNY ISLES BEACH, FL 33160
	City/State and Zip Code dichula@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	ANDREY DYACHENKO 305 916-9833 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
5 125.00	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)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision 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 Liabili	itu Company is:			
The name of the Ediffict Liabili	rty Company is.			
DAPEX, LLC.				
(Must coo	the words :: Fimited I	Liability Con	npany, :: F.L.C.," or :: FTC.1	
ARTICLE II - Address: The mailing address and street:	address of the principal of	Tice of the L	imited Liability Company is:	
<u>Princip</u>	Principal Office Address:		Mailing Address:	
251 174th ST, APT 712 SUNNY ISLES BEACH, FL 33160			18401 COLLINS AVE, #100-222 SUNNY ISLES BEACH, FL 33160	
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered A	d Agen s Signature: Agent. You must designate an individual or	
	ANDREY DYACHE	NKO		
		Name		
	251 174th ST. APT 7	12		
	Florida street address	(P.O. Box 2	NOT acceptable)	
	SUNNY ISLES BEA	CH_FL	33160	
	City	State	Zip	
place designated in this certificate iirther agree to comply with the p	, I hereby accept the apportion of all statutes resolutions of all statutes resolutions of my position a	intment as re lating to the us registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)	
		(CONTIN	UED)	

	Title: "AMBR" = Autho	orized Member	Name and Address:		
	"MGR" = Manage	er			
	AMBR		ANDREY DYACHENKO		
			251 174th ST, APT 712		
			SUNNY ISLES BEACH, FL 33160		
					
					
	(Use attachment if	necessary)			
(If an el the date <u>Note:</u>	ffective date is listed e of filing.) If the date inserted i	d, the date must be specific and	. (OPTIONAL) I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as records		
ARTIC	LE VI: Other provis	ions, if any.			
	REQUIRED SIG	nature: Q,Z	Defr		
	la	nis document is executed in accuma aware that any false information	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State s provided for in s.817.155, F.S.		
		ANDREY DYACHENKO			
			or printed name of signee		
		Typed	or printed nume or signer		

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

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)

ARTICLE IV-