

L18000013931

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. DFE NUNEZ, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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18 JAN 18 PM 3:51
TALLAHASSEE, FLORIDA

N SAMS
JAN 19 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DFE NUNEZ, 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:
1305 MAJESTY TERRACE
WESTON, FL 33327

Mailing Address:
SAME

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:

SERGIO OSVALDO CHIUSANO

Name

1305 MAJESTY TERRACE

Florida street address (P.O. Box NOT acceptable)

WESTON FL 33327

City

FL

Zip

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)

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STATE OF FLORIDA
TALLAHASSEE

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

SERGIO OSVALDO CHIUSANO
1305 MAJESTY TERRACE
WESTON, FL 33327

AMBR

SILVANA EDITH AVELLA
1305 MAJESTY TERRACE
WESTON, FL 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



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.)

SERGIO OSVALDO CHIUSANO

Typed or printed name of signer

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CLERK OF COUNTY OF DUNEDIN