## L18000181619

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## COVER LETTER

	Filing Section on of Corporations		
SUBJECT: _	Divine Daks Name of Limite	Estate, LL ad Liability Company	<u>-C</u>
The enclosed A	Articles of Organization and fee(s) are st	abmitted for filing.	
Please return a	II correspondence concerning this matte	r to the following:	
_	Michelle	Ranglin Name of Person	
_	Divine Da	ks Estate,	LLC
_	995 NW 119th	Street StE. Address	680264
_	Miami City Michelle R E-mail address: (to be used for	FL 33168 State and Zip Code anglin @ Gn rutute annual report notification	nail.com
For further infor	mation concerning this matter, please co	all:	
M	ichelleRanglinat (75) Name of Person Area	Respondence No. 280-003  Code Daytime Telephone N	4umber
Enclosed is a c	heck for the following amount:		
\$125.00 Filing	Certificate of Status	additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Divine Daks Estate, LLC		
(Must contain 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: Mailing Address:		
995 NW 119st 995 NW 119st STE 680264 STE 680264 Miami, FL 33168 Miami, FL 331	68	
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.)	ALL THE	281A JUL
The name and the Florida street address of the registered agent are:	100	27
Michelle Ranglin	C. C.	F
	(S)	عد ان
140 NW 1243+	STATE OF THE PARTY	ည် ည
Florida street address (P.O. Box <u>NOT</u> acceptable)	15	٠,
North Miami FL 33/68 City State Zip		
City State 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)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
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<u>/</u>	
(Use attachment if necessary)	4
	of filing: Augus +31, 2018 (OPTIONAL)
	cific and cannot/be more than five business days prior to or 90 days aft
date of filing.)	
	eet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of	of State's records.
***************************************	
TICLE VI: Other provisions, if any.	
	<del></del>

Signature of a member or an authorized representative of a member.

This document is executed in accordance with segtion 605.0203 (1) (b). Florida Statutes. 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.

Michelle Ranglin
Typed or printed name bedgnee

## Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)