4/10/2019

Division of Corporations

Florida Department of S

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.

(((H19000118670 3)))



H190001186703ABC0

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone Eax Number : (305)444-4994 : (305)444-4977

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

Eœa	- 27	 . 4 4	~	• •	
сшε	111	 uu	ιc	 	

FLORIDA LIMITED LIABILITY CO.

DOMEGUS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

:..

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2019 APR TO AM 9: 30 SECRETARY OF STATE FALLAHASSEE, FILGRID,

ARTICLE 1- Name

The name of the Limited Liability Company is:

DOMEGUS LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address 7105 SW 8TH STREET SUITE 306 MIAMI FLORIDA 33144 Mailing Address 7105 SW 8TH STREET SUITE 306 MIAMI FLORIDA 33144

ARTICLES IIIOther provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

CARLOS GUSTAVO PICO MONTALVAN 7105 SW 8TH STREET SUITE 306 MIAMI FLORIDA 33144

Having been named as register 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 register agent and agree to act in this capacity. Yourther 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 register agent as provided for in Chapter 605 FS

Registered Agent's Signature (REQUIRED

ARTICLES V- Manager (s) or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

CARLOS GUSTAVO PICO MONTALVAN

AMGR' = Manager

Name

Address:

CARLOS GUSTAVO PICO MONTALVAN 7105 SW 8TH STREET SUITE 306 MIAMI FLORIDA 33144

ARTICLE VI: effective date, if other than the date filing 03/06/19 (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 filing)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section (605.0203 (1) (B). Floridal statutes of a make any false information submitted in a document to the Department of State constitutes third degree felony as provide for in s. 817.155, F.S.

CARLOS GUSTAVO PICO MONTALVAN