5/22/2019

Division of Corporations



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.

(((H190001660703)))



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:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : 120000000146 Phone

: (305)444-4994

Fax Number

: (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.

Address:			

FLORIDA LIMITED LIABILITY CO. DOCTA INVESTMENTS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS

MAY 23 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	E'	T _ '	Na.	mai
AKINI	.r.		42	me:

The name of the Limited Liability Company is:

DOCTA INVESTMENTS 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:		
10909 NW 73 TERR		
MIAMI FL 33178		

Mailing Address: 10909 NW 73 TERR MIAMI, FL 33178

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:

GONZ	ALO ALBAR D	IAZ		
Name				
10909 NW 73 TERR				
Florida Street ad	dress (P.O. Box NO	T acceptable)		
DORAL	FL	33178		
City	State	Zip		

Page 1of 2

ARTICLE IV	-
The same and	

REQUIRED SIGNATURE:

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	GONZALO ALBAR DIAZ
	10909 NW 73 TERR
	MIAMI, FL 33178
MGR	MONICA AVERSA
	10909 NW 73 TERR
	MIAML FL 33178
(Use attachment if necessary)	
	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days f filing.)
Note: If the date inserted in this blocwill not be listed as the document's e	k does not meet the applicable statutory filing requirements, this date effective date on the Department of State's records.
ARTICLE VI: Other provisions, if	any.
GONZALO ALBAR DIAZ -	- 50 UNITS
MONICA AVERSA - 50 UN	IITS

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 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.

GONZALO ALBAR DIAZ

Typed or printed name of signee