

L19000156225Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : 119990000127
Phone : (305) 477-5671
Fax Number : (305) 477-2640

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Dr. Art Consultant, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

CORPORATION
FALMOUTH, FLORIDA
19 JUN 21 AM 9:15
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Dr. Art Consultant, LLC

ARTICLE II - ADDRESS

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

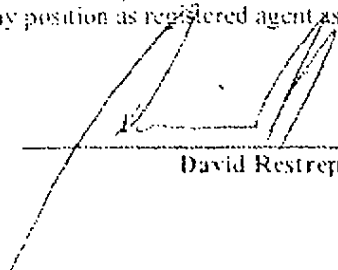
1430 Brickell Bay Drive, Apartment # 405
Miami, FL 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:

David Restrepo
1430 Brickell Bay Drive, Apartment # 405
Miami, FL 33131

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.



David Restrepo

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TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGEMENT

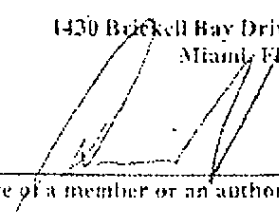
The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

-AMBR - Authorized Member

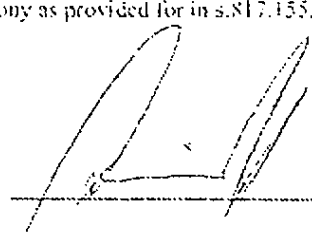
David Restrepo

1430 Brickell Bay Drive, Apartment # 405
Miami, FL 33131



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

(In accordance with section 605.0243 (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 the State
Constitutes a third degree felony as provided for in s.817.155, F.S.)



David Restrepo

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CONFIDENTIAL
TALLAHASSEE, FLORIDA

19 JUN 21 AM 9:16