L19000156225

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000191636 3)))

H19000191636 3A5C3

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 : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
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

FILED
19 JUN 21 AM 9:15
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE
JUN 24 2019

(((H19000191636 3)))

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

FILED
19 JUN 21 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H19000191636 3)))

(((H19000191636 3)))

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 605.0203 (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 the State Constitutes a third degree felony as provided for in s.817.155, F.S.)

David Restrepo

(((H19000191636 3)))

19 JUN 21 AM 9:15

TALLAHASSEE, FLORIDA

F:\Client Folders\Restrepo\Articles\ARTICLES OF ORGANIZATION.doc