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Fax Number : (850)617-6381

From: Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954)989-4995  
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Email Address: corporate@esquenazi-law.com

FLORIDA LIMITED LIABILITY CO.  
Deseja NC LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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JUL 11 2019

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**DESEJA NC LLC**

**ARTICLE II. – Address**

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

20900 NE 30 Avenue, Suite 707  
Aventura, FL 33180

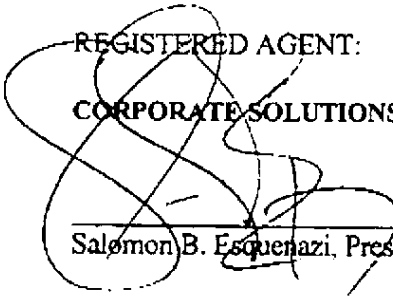
**ARTICLE III. – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

**Corporate Solutions of South Florida, Inc**  
4651 Sheridan Street, Suite 355  
Hollywood, FL 33021

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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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:  
**CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC.**  
  
\_\_\_\_\_  
Salomon B. Esquenazi, President

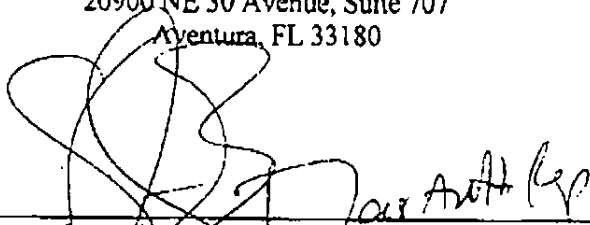
Audit No: H19000211082 3  
This instrument was prepared by:  
Salomón B. Esquenazi, Esq.  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, FL 33021  
(954) 989-4995

Audit No. H19000211082 3

**ARTICLE IV. – Management:**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

**Micuca Management LLC**  
20900 NE 30 Avenue, Suite 707  
Aventura, FL 33180



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

4847-6858-7676, v. 1

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This instrument was prepared by:  
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