

10/17/2019

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 Division of Corporations

13056023977 From: Alex Pin

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALEX PINA CO.
 Account Number : I20190000095
 Phone : (844)941-1120
 Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA LIMITED LIABILITY CO.
 DIFIORE EVENT & WEDDING PLANNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
 OCT 29 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 OCT 29 PM 4:13

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIFIORE EVENT & WEDDING PLANNERS, LLC

(Must contain 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:1250 S. MIAMI AVE., UNIT 901MIAMI, FL 33130Mailing Address:1250 S. MIAMI AVE., UNIT 901MIAMI, FL 33130

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:

Alex Pina co.

Name


8400 NW 36th St Ste 550Florida street address (P.O. Box **NOT** acceptable)DoralFL33166

City

State

Zip

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

Gina C Suarez Pena
1250 S. MIAMI AVE., UNIT 901
MIAMI, FL 33130

MIAMI, FL 33130

[illegible]

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SIGNATURE: Gina Suarez P.

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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)