Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION **DERMA DASH MEDIA LLC**

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

NOV 26 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company |
| The name of the Limited Liability Company is: (Must end with the words "Limitec' Liability Company, "L.L.C.," or "LLC.") |
| T=211A:\\ -11 |
| DERMA DASH MEDIA UC |
| MANICULE II - Address. |
| The mailing address and street address of the principal office of the Limited Liability |
| Company is: |
| - 4941 SW 74 CT |
| ALIANI CI |
| MIAMI F(3315:5 |
| |
| |
| ARTICLE III - Registered Agent, Registered Office: |
| The name and the Florida street address of the registered agent are: (Th: Limited Liability) |
| Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| ٠ ١٠٠١ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ |
| FRED SUITH |
| |
| - 4941 SW 74ct |
| MIANI F/ 33155 |
| 10.7.41 |
| ARTICLE IV- |
| The name and title of each person authorized to manage and control the Limited |
| Liability Company: |
| |
| SERGIO PADRON CANBR |
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Required Signatures:



In accordance with section 605.0203 (1) (h), 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 State constitutes a third degree fellows as provided for in s.817.155, F.S.

SERGIO PADRON

Typed or printed name of signee

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)

SECRETARY OF STATE