

1/29/2020

Division of Corporations

L20000028797

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.

((H20000033960 3)))



H200000339603ABCX

**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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 30 AM 11:04

**\*\*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.**

**Divas Forever, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED  
2020 JAN 30 AM 8:01  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

((H20000033960 3)))

# ARTICLES OF ORGANIZATION OF DIVAS FOREVER, LLC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 30 AM 11:04

## ARTICLE I - NAME

The name of the Limited Liability Company shall be:

**DIVAS FOREVER, LLC.**

## ARTICLE II - ADDRESS

The mailing address is 12973 SW 112 Street, Suite 271, Miami, FL 33186 and the street address of the principal office of the Limited Liability Company is 12973 SW 112 Street, Suite 271, Miami, FL 33186.

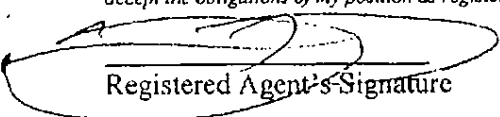
## ARTICLE III - REGISTERED AGENT

(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 street address of the initial registered agent are:

Giorgio L. Ramirez, Esq.  
7300 N. Kendall Drive, Suite 520  
Miami, FL 33156

*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

## ARTICLE IV - AUTHORIZED MEMBER(S) OR MANAGER(S)

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

AMBR Jannet Alberto-Calzada  
12973 SW 112 Street, Suite 271  
Miami, FL 33186

AMBR Ana Meilyn Zuferrri  
12973 SW 112 Street, Suite 271  
Miami, FL 33186

((H20000033960 3)))

To: 18506176381 From: 12143052508 Date: 01/29/20 Time: 4:48 PM Page: 03/03

((H20000033960 3)))

**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 in a document to the Department of State constitutes a third degree felony as provided for in § 817.165, F.S.)

  
Giorgio L. Ramirez