Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

Deb Malave, LLC

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ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME			
The name of the Limited Liability Company is: Deb Mala	ve, LLC		
ARTICLE II PHYSICAL AND MAILING OFFICE ADDRE	Physical and Mailing Address: A E CR 5745 Main Street, Suite #201 AHASS	2020 JUL 23	<u></u>
ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:		PH	П
The name and Florida Street address of the initial registered agent is:	Deb Malave 5745 Main Street, Suite #201 New Port Richey FL 34652	1: 03	C

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

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Coropany:

Deb Malave - Manager 5745 Main Street, Suite #201 New Port Richey FL 34652

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), herein are true. 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.)

Signorum/Incomposition 2 (CP

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Dote

Printed name of Signee