Florida Department of State Vision & Corporations Florida Department of State Vision & Corporations

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.

(((H20000276598 3)))



H200002765983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			>,∨	7
	Division of Co	rporations		-
	Fax Number	: (850)617-6381	至是	71 90V BJ01
From:			TAHY ASSE	Ğ
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		~
	Account Number	: I200000000019	171	
	Phone	: (305)552-5973	-, n	
	Fax Number	: (305)675-5944		PM L:
		ress for this business entity to be used for fut ilings. Enter only one email address please.**	RAIDE Bre	23
	Email Address:			
	Emart Addi 622.			

FLORIDA LIMITED LIABILITY CO. DON ENTERPRISE, LLC

PAUG 12 PM 3: 53

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Halp

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Don Enterprise, LLC

ARTICLE II - Address:

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

9120 fontainebleau blud Apt 307 Miami, FL 33172

ARTICLE III - Registered Agent, Registered Office:

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

Nelson Anthony Don 9120 fontaine blead blud Apt 307 Minni, FL 33172

<u>ARTICLE IV-</u>

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

Nelson Anthony Don (AMBR)

Required Signatures:

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 penaltics 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 felony as provided for in s.817.155, F.S.

Nelson Anthony Don
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)