8/14/2020



Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. DELACLE LLC

Certificate of Status	0
Certified Copy	1
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J. FASON

AUG 17 2020

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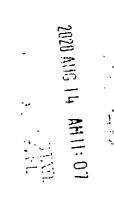
ARTICLE 1 - Name:	11.			
The name of the Limited Liabi	ility Company is:			
DELACLE LLC				
(Must co	ntain the words "Limited Li	ability Company, "	L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street	address of the principal off	ice of the Limited I	iability Company is:	
Princ	ipal Office Address:		Mailing Address:	
1881 MIDDLE RT APT: 701 FT. LAUDERDAL		SAM		
(The Limited Liability Compa	ny cannot serve as its own R	Registered Agent. Y	's Signature: ou must designate an individual or	
ARTICLE HI - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its own R n active Florida registration.	Registered Agent. Y .)	's Signature: ou must designate an individual or	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a JORGE BALSAMO	Registered Agent. Y .) agent are:	's Signature: ou must designate an individual or	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a <u>JORGE BALSAMO</u>	Registered Agent. Y .) agent are: Name	ou must designate an individual or	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a <u>JORGE BALSAMO</u>	Registered Agent, Y  .)  Agent are:  Name  R DR APT: 701	ou must designate an individual or	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a  JORGE BALSAMO  1881 MIDDLE RIVER	Registered Agent, Y  .)  Agent are:  Name  R DR APT: 701	ou must designate an individual or	·

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.

Jorge Balcamo

Registered Agent's Signature (REQUIRED)

(CONTINUED)



<u>Title:</u> "AMBR" + At "MGR" = Mat	nhorized Member nager	Name and Address:
AMBR/MG	<u>R</u>	GERMAN WALTER DE LA LLAVE 1887 MIDDLE RIVER DR APT: 701 FT. LAUDERDALE. FL 33305
AMBR		AGUSTIN DE LA LLAVE 1881 MIDDLE RIVER DR APT: 701 FT, LAUDERDALE, FL 33305
AMBR	··	TOMAS DE LA LLAVE 188/ MIDDLE RIVER DR APT; 701 FT. LAUDERDALE, FL 33305
AMBR		SILVANA CLAUDIA GONZALEZ 1887 MIDDLE RIVER DR APT: 701 FT. LAUDERDALE, FL 33305
(Use attachme	ent if necessary)	
ARTICLE-V: Effective (If an effective date is the date of filing.) Note: If the date insert	e date, if other than the date isted, the date must be sted in this block does not be date on the Department	ste of filing:
ARTICLE-V: Effective (If an effective date is the date of filing.) Note: If the date insert the document's effective	e date, if other than the date isted, the date must be sted in this block does not be date on the Department	specific and cannot be more than five business days prior to or it meet the applicable stanitory filing requirements, this date will
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	e date; if other than the date isted, the date must be a date in this block does not be date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is exert in an aware that any factors.	specific and cannot be more than five business days prior to or it meet the applicable stanitory filing requirements, this date will
ARTICLE-V: Effective (If an effective date is the date of filing.) Note: If the date insert the document's effective ARTICLE-VI: Other pr	e date; if other than the date isted, the date must be sted in this block does not be date on the Department revisions, if any.  SIGNATURE:  Signature of a This document is exert am aware that any faconstitutes a third degree is the date of the d	member or an authorized representative of a member, cuted in a solutions with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of Statutes information submitted in a document to the Department of Statutes information submitted in a document to the Department of Statutes information submitted in a document to the Department of Statutes information submitted in a document to the Department of Statutes.