

421 00032832
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

ALLIANCE FLORIDA

2021 FEB -2 AM 8: 09

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: IAMNDG@YAHOO.COM

**FLORIDA LIMITED LIABILITY CO.
PERFECT DEAL LLC**

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

2021 FEB -2 PM 12: 20

H21000044888

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERFECT DEAL LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

17001 NE 13TH AVE, 5-101
MIAMI, FL 33162

17001 NE 13TH AVE, 5-101
MIAMI, FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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 the Florida street address of the registered agent are:


DANIEL ST JUSTE
Name

17001 NE 13TH AVE, 5-101
Florida street address (P.O. Box **NOT** acceptable)

MIAMI City FL 33162 Zip

FILED
2021 FEB -2 AM 8:09
ALLIANCE SECRETARIAT

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)
DANIEL ST JUSTE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DANIEL ST JUSTE

17001 NE 13TH AVE, 5-101

MIAMI, FL 33162

MGR

JOEL ST JUSTE

17001 NE 13TH AVE, 5-101

MIAMI, FL 33162

MGR

JOSEPH ALEXIS DOMINGUEZ WONG

468 NE 206 LANE APT. 203

MIAMI, FL 33179

REC'D
STATE
FLORIDA

2021 FEB -2 AM 8:09

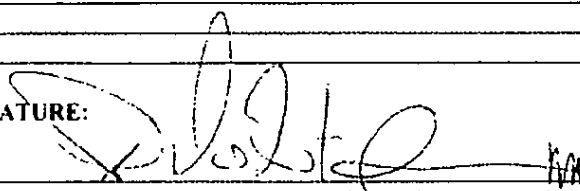
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DANIEL ST JUSTE

Typed or printed name of signee