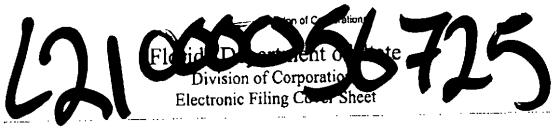
2/11/2021



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.

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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 : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565

Fax Number

; (954)385-5175

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

## FLORIDA LIMITED LIABILITY CO. DOMINION INMOBILIARIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

M. MOON

FEB 1.2 2021.

Electronic Filing Menu Corporate Filing Menu

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## COVER LETTER

TO:	New Filing Sec Division of Con					
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		Name of	Lumited	Liabin	ry Company	
						[7],
The en	closed Anicles of	Organization and fcc(s	) are sul	mitted	for filing.	
Plcase	return all correspo	ondence concerning this	matter	to the f	ollowing:	
	DIEGO FIG	UEROA				
			N	ame of	Person	
	C & F1 AT	N GROUP LLC				
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	1820 N CO	RPORATE LAKES BL	VD SU	ITE 109		
				Addn	25.5	
	WESTON F	L 33326				
			•	State and	Zip Code	
		LATINACCOUNTING				
		E-mail address: (to be u	sed for	future a	nnual report notificati	on)
For furt	her information co	ncerning this matter, pl	ease cal	1:		
	NUCO EIG	HEBOA	(954		384 8565	
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					Course Address	
		na Address iling Section			Street Address New Filing Section Di	vision
	New E	on of Corporations			The Centre of Tallaha	ISRCC
	P.O. 8	Box 6327			2415 N. Monroe Stre	
	Tallah	inssec, FL 32314			Tallahassec, FL 3230	.5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	ÆI-	Nanc:
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The name of the Limited Liability Company is:

DOMINION INMOBILIARIA LLC		<del></del>	2021	
(Must conatin the words "Limited Liability C	Company, "L.L.C.," or "LLC. )	<u> </u>	22	_
ARTICLE II - Address: The mailing address and street address of the principal office of the		AHASS	11 833	
Principal Office Address:	Malling Address:	[T] =\ [T]	<b>&gt;</b>	$-10^{\circ}$
2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331	2665 EXECUTIVE PARK DR SUITE 2 PEMBROKE PINES, FL 33025		AH 8: 54	

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:

E&FLATIN GROU	<u> </u>	
	Name	
1820 N CORPORATI	E LAKES BLVD S	UTTE 109
Florida street address		
WESTON	FL	33326
City	State	Zip

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 abligations of my position as registered agent as provided for in Chapter 605. F.S.

(CONTINUED)

Hegistered Agent's Signature (REQUIRED)

itle:	Name and Address:
INC: AMBR" = Authorized Member	_
MOR" = Munager	
=	EDMUNDO LOPEZ
MGR	3665 BYECHTIVE PARK DR SUITE 2
	WESTON, FL 33331
	*1
	>:
	(n) =
Use attachment if necessary)	
	(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)