

# L21000124071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

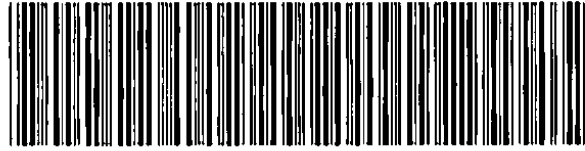
(Business Entity Name)

(Document Number)

ed Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

ial Instructions to Filing Officer

Office Use Only



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2021 MAR 25 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FL

90

2021 MAR 25 PM 2:35

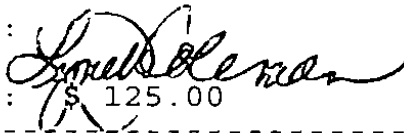
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 728842 8183969

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : March 23, 2021

ORDER TIME : 10:24 AM

ORDER NO. : 728842-005

CUSTOMER NO: 8183969

DOMESTIC FILING

NAME: DINJA SABINA, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☒ ARTICLES OF ORGANIZATION

LEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Dinja Sabiha, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Vella  
Name of Person

\_\_\_\_\_  
Firm/Company

228 W Dillido  
Address

Miami Beach FL 33139  
City/State and Zip Code

yiset@vella-group.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yiset Rymer at (347) 410-1457  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 25 PM 12: 58

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

Dina Sabiha, LLC

(Must contain 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:

228 W Dillard Dr  
Miami Beach FL 33139

1 Tarragon Dr  
Johnston RI 02919

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

(A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City

State

Zip

I, Amanda E. Plummer, when named as registered agent and to accept service of process for the above stated limited liability company at the time designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Zachary Vella

228 W DILIDO MIAMI BEACH, FL 33139

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAR 25 PM 12:53

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(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

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

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Zachary Vella

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)