

7/1/20

L21000313848

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000256149 3)))



H210002561493ABC/

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 : 360 CORPORATE SOLUTIONS, LLC
Account Number : I2021000090
Phone : (305)529-5440
Fax Number : (305)529-5441

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

Email Address: lpacho@gemrtcpa.com

FLORIDA LIMITED LIABILITY CO.
DCOTA Design, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Handwritten signature and date 7/9/21

FILED
2021 JUL -8 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL
2021 JUL -8 PM 12:54

From:

07/08/2021 13:39

#081 P.002/005



July 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

360 CORPORATE SOLUTIONS, LLC

SUBJECT: DCOTA DESIGN, LLC
REF: W21000095375

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Owner is not a title,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000256149
Letter Number: 721A00015237

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DCOTA Design, 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:

Lendy Pacho
Name of Person
360 Corporate Solutions
Firm/Company
2600 S Douglas Rd., Ste 800
Address
Coral Gables, FL 33134
City/State and Zip Code
l.pacho@gemrtcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lendy Pacho 305 529-5440
Name of Person at (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

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SECRETARY OF STATE
TALLAHASSEE, FL
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DCOTA Design, 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:

8133 NW 68th Street
Miami, FL 33166

8133 NW 68th Street
Miami, FL 33166

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.)

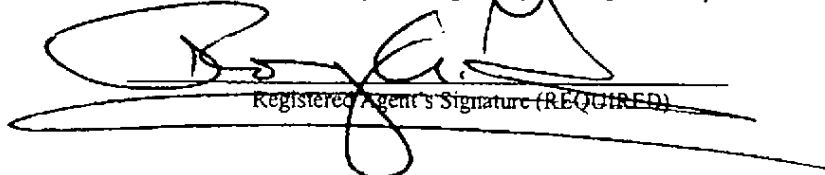
The name and the Florida street address of the registered agent are:

360 Corporate Solutions, LLC
Name

2600 S Douglas Rd., Ste 800
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables FL 33134
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 obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(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

Name and Address:

Manager _____

Jose Francisco Simon D'Angelo Parejo
8133 NW 68th Street
Miami, FL 33166

AMBR

Juan Cardozo Dos Santos
8133 NW 68th Street
Miami, FL 33166

AMBR

Fernando Varela Fontan
8133 NW 68th Street
Miami, FL 33166

(Use attachment if necessary)

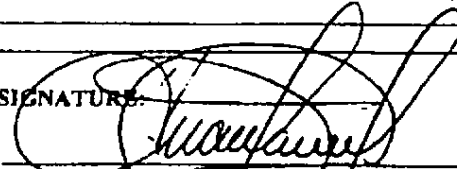
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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.

Juan Cardozo Dos Santos
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)

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