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.

(((H21000300379 3)))



H210003003793ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	rporations			
	Fax Number	: (850)617-6381	Q D		
From:			- 1153	202	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u>.</u> 5.0€	<u>"</u>	
	Account Number	: I20000000019		>	ute; mag
	Phone	: (305)552-5973	,	AUG	ធ វ
	Fax Number	: (305)675-5944		1	
			RY	9	i sa
**Ent	er the email add	ress for this business entity to be used t	for future n		E 7 1
		ilings. Enter only one email address plea			المسا
				: :	-
	Email Address:			ယ္က	

FLORIDA LIMITED LIABILITY CO. DANOMI SHOP LLC

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

2021 ili - 9 Pil 4: 20

ARTICLES OF ORGANIZATION FOR

FLORIDA I DESCRIPTION
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
Company is:
ARTICLE II ALL
ARTICLE II - Address:
ARTICLE I - Name: The name of the Limited Liability Company is: DANOMI SHOP LLC ARTICLE II - Address: The mailing address and street address of the principals of the Company is:
- Full is.
4340 w 3 AVE Hialeah FL 33012
1310 W 3 AVE Hidleah FL 32012
23014
ARTICLE III. D.
ARTICLE III - Registered Agent, Registered Office:
ompany cannot serve as its address of the registered
The name and the Florida street address of the registered agent are: (The Limitea Liability ith an active Florida registration.)
- Table Entity
Davier Garcia Azcui
4300
4340 W 3 Ave Hialeah F1 33012
5 THE Highean F1 33012
RTICLE IV
ne name and title of each person authorized to manage and control the Limited ability Company: (MGR or AMBR)
Davier Garcia Azevi (AMAR)
SWIER BUILLIA 172.CUI (AMBR)

Required Signatures:

Signature of a member of 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 berein 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.

DAVIER GARCIA AZCOI
Typed or printed name of signee

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)