

9/15/21, 1:38 PM

Division of Corporations

L21000409219

Florida Department of
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
DMD PROPERTIES & INVESTMENTS LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DMD PROPERTIES & INVESTMENTS 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:

520 BRICKELL KEY DR.

#A1619

MIAMI, FL 33131

Mailing Address:

520 BRICKELL KEY DR.

#A1619

MIAMI, FL 33131

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:

KEMAL DOGRU

Name

520 BRICKELL KEY DR. #A1619

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

MIAMI

FL

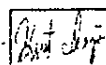
33131

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..

 NOTED, PRINTED
NAME, ADDRESS
(PRINTED, FULLY ADDED)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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700 MIAMI ST. MIAMI, FL 33131

do not sign this document until you have received the original document from the Department of State.

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

KEMAL DOGRU

520 BRICKELL KEY DR. #A1619

MIAMI, FL 33131

MGR

SERAP DOGRU

520 BRICKELL KEY DR. #A1619

MIAMI, FL 33131

MGR

Gulcin Morello

520 Brickell Key Dr #A1619

Miami, FL 33131

(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:

Kemal Dogru

Original signed and
submitted to the
Department of State

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.

KEMAL DOGRU

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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