

Florida Department of State
Division of Corporations
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(((H21000376602 3)))



H210003766023ABC.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I20130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

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

Email Address: corporate@equenazi-law.com

FLORIDA LIMITED LIABILITY CO.
Debbiekas LLC

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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I. Name

The name of the Limited Liability Company is:

Debbiekas LLC

ARTICLE II. – Addresses

The mailing address and street address of the principal office of the Limited Liability Company is:

3802 NE 207 Street
Apt. 802
Aventura, FL 33180

**ARTICLE III. – Registered Agent, Registered Office,
& Registered Agent's Signature:**

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

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc



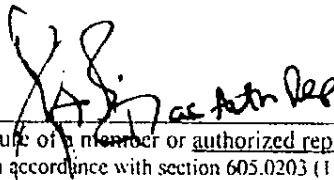
Salomon B. Esquenazi, President

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ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

Kassab, Sasson
3802 NE 207 Street
Apt. 802
Aventura, FL 33180



Signature of a member or 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 herein 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.)

FILED
2021 OCT -8 PM 3:52
HALL COUNTY CLERK

4844-9443-4814, v. 1

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This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995