

**L22000141437**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : ~~XXXXXXXXXX~~

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
D' MADELIN STORE, LLC.**

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

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2022 APR -5 AM 9:51

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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T. SCOTT

APR - 6 2022

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**D'MADELIN STORE, LLC.**

**ARTICLE II- Address:**


The mailing address and street address of the principal office of the Limited Liability Company is: **3466 NW 180<sup>TH</sup> ST MIAMI GARDENS FL 33056**

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

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

**EVA M. CUBA ACOSTA  
3466 NW 180<sup>TH</sup> ST  
MIAMI GARDENS FL 33056**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

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**ARTICLE IV:**

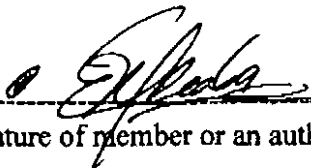
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

**AMBR**

**EVA M. CUBA ACOSTA  
3466 NW 180<sup>TH</sup> ST  
MIAMI GARDENS, FL 33056**

  
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Signature of member or 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 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.)

**EVA M. CUBA ACOSTA**  
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Typed or printed name of signee.