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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK '	UP:	5/19	DANNY			
火	CERTIFIED COPY PHOTOCOPY CUS						
xx		LLC					
1.	DANIELLA ALVAREZ E		ΓAINME	ENT LLC			
2.	(CORPORATE NAME AND DOCUME	ENT #)	 .				
3.	(CORPORATE NAME AND DOCUME	ENT #)					
4.	(CORPORATE NAME AND DOCUME	ENT #)					
5.	(CORPORATE NAME AND DOCUME	ENT #)					
6.	(CORPORATE NAME AND DOCUME	ENT #)	 -				·
SPECIA INSTRU	L CTIONS:						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY 19 AM 11:21

Daniella Alvarez Entertainment LLC

SECRETARY OF STATE
TALLAHASSEE.FL

(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:
1424 NE Miami Place, Suite 2822	1424 NE Miami Place, Suite 2822
Miami, FL 33132	Miami, FL 33132

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:

Registered Agents Inc.						
Name						
7901 4th St N, Ste 300						
Florida street address (P.O. Box NOT acceptable)						
St. Petersburg	FL	33702				
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)

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	Daniella Margarita Maria Alvarez Vasquez
AMDR	1424 NE Miami Place, Suite 2822
	Miami, FL 33132
	
	2022 MAY
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(Use attachment if necessary)	
	OPTIONAL 2
ARTICLE V: Effective date, if other than the date of filing:	. (Or HOWARK
(if an effective date is listed, the date must be specific and the date of filing.)	d cannot be more than five business days prior to or 90 days after
	applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of State's	
The second of th	, records.
ARTICLE VI: Other provisions, if any,	
	
REQUIRED SIGNATURE:	
	Beren
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constitutes a third degree felony as provided for in \$,817,155, F.S.

Amanda J. Beren
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)

Filing Fees:

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