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To:
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Account Name : NEW CORP STARTUP
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Email Address: claudiodelaparra@yahoo.com

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CORPORATIONS
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
De La Parra Enterprise LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

De La Parra Enterprise LLC

ARTICLE II - Address:

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

Principal Office Address:

1722 Roosevelt Ave

Lehigh Acres, FL 33972

Mailing Address:

15321 SW 59 Street

Miami, FL 33193

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:

Claudio Delaparra

15321 SW 59 Street

Miami, FL 33193

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..

Claudio Delaparra 06/02/2022
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

AMBR

Name and Address:

Claudio Delaparra

15321 SW 59 Street

Miami, FL 33193

AMBR

Drialys Delaparra

15321 SW 59 Street

Miami, FL 33193

ARTICLE V: Effective date, if other than the date of filing: . 06/02/2022

(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:

_____Claudio DelaParra_____.06/02/2022_____

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.

Claudio Delaparra
(Typed or printed name of signee)

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