

12200295272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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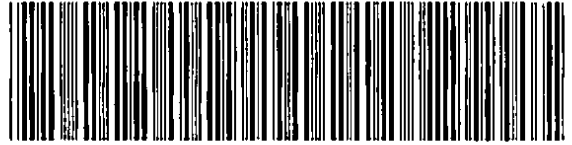
(Business Entity Name)

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1. Danwill 14345 LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
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(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**DANWILL 14345, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**14345 NW 15 ST  
PEMBROKE PINES, FL 33028**

**Mailing Address:**

**14345 NW 15 ST  
PEMBROKE PINES, FL 33028**

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

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

**DANIEL CARDENAS  
14345 NW 15 ST  
PEMBROKE PINES, FL 33028**

*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.*

/S/DANIEL CARDENAS

Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

**AMBR**

**DANIEL CARDENAS  
14345 NW 15 ST  
PEMBROKE PINES, FL 33028**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is July 1, 2022.

REQUIRED SIGNATURE:

**/S/DANIEL CARDENAS**

**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.

DANIEL CARDENAS

\_\_\_\_\_  
Typed or printed name of signee

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