Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. IDAPIS, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
IDAPIS, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
15920 SW 252ND ST	
Homesteed FL 33031	
	2023
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	2023 JUL 13
IOANN CABANAS	PH 10: 0
16920 SW 252 ND 8T Homestead FL 33031	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
IDANN CABANAS AMBR	-
	

Required Signatures:		A	
Signature of a member	or an aut	thorized representative of a memb	er.
In accordance with section 605.	0203 (1) (h)) Florida Statutes the evention within In-	

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.

TOANN CABANAS

Typed or printed name of signee

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)