

L22 000 335110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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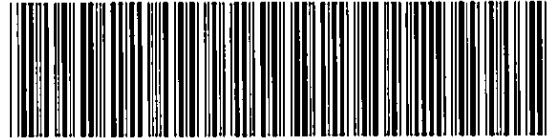
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FL

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DULCIS AQUA 11431 LLC

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
DULCIS AQUA 11431 LLC**

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**ARTICLE 1  
NAME**

The name of the limited liability company is DULCIS AQUA 11431 LLC.

**ARTICLE 2  
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 3730 Southwest 123 Court  
Miami, Florida 33175

Mailing Address: P. O. Box 651069  
Miami, Florida 33265-1069

**ARTICLE III  
REGISTERED AGENT**

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

Roxana I. Nasco, P.A.  
2600 So. Douglas Road, Suite 913  
Coral Gables, Florida 33134

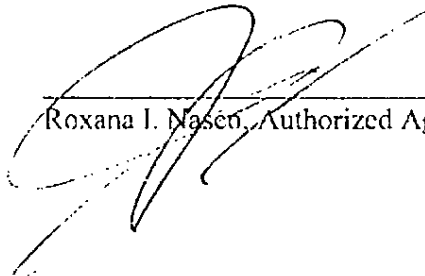
**ARTICLE IV  
MANAGEMENT**

The name and address of the person authorized to manage and control the limited liability company is:

|        |         |                   |  |
|--------|---------|-------------------|--|
| Title: | Manager | Name and address: | SONFEZ PROPERTY MANAGEMENT LLC<br>P. O. Box 651069<br>Miami, Florida 33265 |
|--------|---------|-------------------|--|

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NOTARIAL PUBLIC  
STATE OF FLORIDA

These Articles of Organization 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 Section 817.155, Florida Statutes.

  
\_\_\_\_\_  
Roxana I. Nasco, Authorized Agent

**ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above 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 property 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, Florida Statutes.

  
\_\_\_\_\_  
Roxana I. Nasco, Authorized Agent

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CLERK OF STATE  
TALLAHASSEE, FLORIDA