12/6/22, 9:43 AM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I200000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. DYV SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1 ,
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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To: 💂

The name of the Limited Liability Company is:

OYV Solutions, ELC

(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:
8392 SW 148th Avenue	8392 SW 148th Avenue
WiamLift 33193	Miami £L 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:

David	M. Villarreal		
	Neme		
8392,S	W.148th Avenue	<u></u>	
Florida street address	(P.O. Box <u>XOT</u> a	icceptable)	
Miami,	FL	33193	
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)

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	RII	LL	æ	

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	Variable O
AMBR	Yadirk Brita
	8392 SW 148th Avenue Miauri, FL 32193
AMBR .	DAVID M. VILLAREAL
	8392 SW 148th AVE
	MIAMI, FL 33193
	A
late of filing.)	t be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be rement of State's records.
TCLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
<i>A</i>	
This document is I am aware that ar	of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, ay false information submitted in a document to the Department of State degree felony as provided for in 5.817.155, F.S.
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Filing Rees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)