

**C23000078441**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

\*\*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.  
DALI ESTUDIOS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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:

**DALI ESTUDIOS, LLC.**

### ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1713 SUE ANN ST, ORLANDO FL 32825

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

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

**JOSE E ESTRADA  
1713 SUE ANN ST  
ORLANDO FL 32825**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.

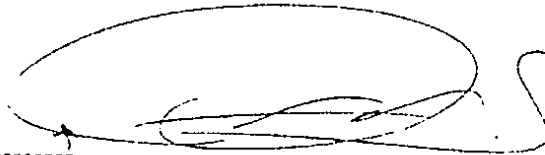


Registered Agent's Signature

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**ARTICLE IV:**

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

**Title:****Name and Address:****AMBR****JOSE E ESTRADA  
1713 SUE ANN ST  
ORLANDO, FL 32825**

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Signature of member or an authorized representative of a member.

(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.)

**JOSE E ESTRADA**

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Typed or printed name of signee.

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