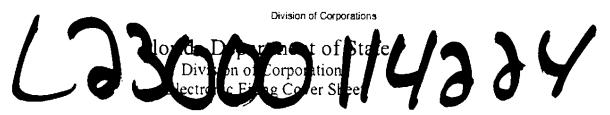
3/10/23, 12 39 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: FLOPEZ@EFLATINACCOUNTING.COM

FLORIDA LIMITED LIABILITY CO. DMR ONE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

COVER LETTER

			· BBT TER	
TO:	New Filing Section Division of Corporations			
SUBJE	CT: DMR ONE LLC			
		Name of Limited	Liability Company	
The enc	losed Articles of Organization	and fec(s) are sul	omitted for filling.	
Please re	cturn all correspondence conce	ming this matter	to the following:	
	DIEGO FIGUEROA			
		N	ame of Person	
	E & F LATIN GROUP LL	.c		
		F	irm/Company	
	1820 N CORPORATE LA	KES BLVD SUI	TE 109	
		<u> </u>	Address	
	WESTON FL 33326			
	DIEGO@EFLATINACCO	· · · · · · · · · · · · · · · · · · ·	tate and Zip Code	
	E-mail address	: (to be used for i	uture annual report notific	cation)
For furthe	r information concerning this r	natter, please call	;	
	DIEGO FIGUEROA	954 at (384 8565	
	Name of Person		Code Daytime Teleph	none Number
Enclosed	i is a check for the following a	mount:		
	_	Filing Fee & of Status	□\$155.00 Filing Fcc & Certified Copy Iditional copy is enclosed	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	Discipu
	New Filing Section Division of Corporat	ions	New Filing Section The Centre of Tali	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DMR ONE LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ICLE II - Address: nailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2301 COLLINS PH2	2301 COLLINS PH2
MIAMI FL 33139	MIAMI FL 33139

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

DIEGO FIGUEROA	\	
	Name	
1820 N CORPORA	TE LAKES BLVD SUI	TE 109
Florida street addre.	ss (P.O. Box <u>NOT</u> acce	ptable)
WESTON	FLORIDA	33326
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)

ARTICLE IV-

. . . .

		Name and Address:
"AMBR" = 7 "MGR" = M	Authorized Member	
	ınager	
<u>MGR</u>		DARIO ALVO CAMHI 2301 COLLINS PH2
		MIAMI FL 33139
MGR		MARIO ALVO GUTIERREZ
		2301 COLLINS PH2
		MIAMI FL 33139
MGR		ROBERTO ALVO GUTIERREZ
		2301 COLLINS PH2 MIAMI FL 33139
		Miretal Le 19197
		
EV: Effectiv	ent if necessary) c date, if other than the d listed, the date must be	late of filing: 03/10/2023 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
LEV: Effective date is of filing.)	e date, if other than the d listed, the date must be	specific and cannot be more than five business days prior to or 90 do to meet the applicable statutory filing requirements, this date will not be
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