

L23000198219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

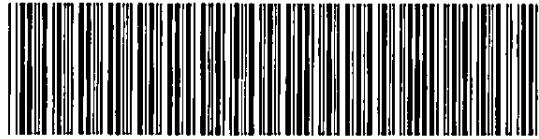
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900405824149

S. CHATHAM
APR 21 2023

FILED

2023 APR 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 APR 21 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

__ Please use funds from this account: I20210000160 **\$125.00**

Authorization Signature: _____

Dameric Investments LLC

Business Name

Doc. #

__ Certified Copy of

__ Certificate of Status

NEW FILINGS

- __ Profit Corp
__ Not for Profit
__ Officer/Director
X Limited Liability
__ Domestication
__ Other
__ **CORP**
__ **LLLP**

AMENDMENTS

- __ Amendment
__ Resignation of R.A.

__ Change of Registered Agent
__ Revocation of Dissolution
__ Merger
__ **Conversion**
__ **Amended and restated Articles**
__ **Statement of Authority**

OTHER FILINGS

- __ Annual Report
__ Fictitious Name

__ APOSTILLE

REGISTRATION/QUALIFICATIONS

- __ Foreign filing
__ Limited Partnership
__ Reinstatement

__ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

DAMERIC INVESTMENTS LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRE KAITOURA

Name of Person

BY AMERICA FINANIALS CO

Firm/Company

4100 N POWERLINE RD STE B2

Address

POMPANO BEACH FL 33073

City/State and Zip Code

andre@accountantsnow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE KAITOURA 561 305-4000

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAMERIC INVESTMENT'S LLC

(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:

4100 N POWERLINE RD STE B2
POMPANO BEACH FL 33073

Mailing Address:

4100 N POWERLINE RD STE B2
POMPANO BEACH FL 33073

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:

BY AMERICA FINANCIALS CO

Name

4100 N POWERLINE RD STE B2

Florida street address (P.O. Box **NOT** acceptable)

POMPANO BEACH

FL

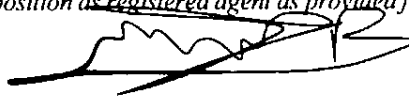
33073

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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SECRETARY OF STATE
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ABDALLAH E DAHER
4100 N POWERLINE RD STE B2
POMANO BEACH FL 33073

NGR

WESSAM E DAHER
4100 N POWERLINE RD STE B2
POMANO BEACH FL 33073

MGR

ZIADA RAHAL
4100 N POWERLINE RD STE B2
POMANO BEACH FL 33073

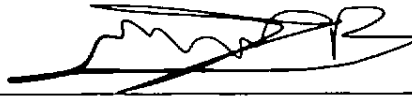
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document 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 s.817.155, F.S.

ANDRE KATTOURA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)