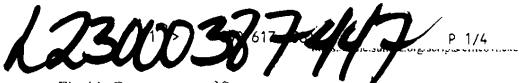
2023-08-16 02:10 PEDRO livision of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000285518 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 : (954)432-8807 Fax Number

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

FLORIDA LIMITED LIABILITY CO. OCEAN DESIGN GALLERY HOLDINGS LLC

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\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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COVERLETTER

	OCEAN DESIGN GALLERY HOLDINGS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	্ব Articles of Organization and fee(s) are submitted for নীing.
Please return	all correspondence concerning this matter to the following:
	ABREU, ANA
-	Name of Person
	Firm/Company
	7247 NW 32 ST
	Address
	MIAMI, FL 33122
	City/State and Zip Code
<u>.</u>	E-mail address: (to be used for future annual report notification)
) ភ្នំ គឺព្រះព្រះស្រ	ntormation concerning this matter, please call:
	PEDRO LUZQUINOS 954 655-8413
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount: thing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

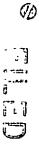
Mailing Address

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2023 AUG 17 AMIO: 41



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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UNIUS	a contain the words "Limited	Liability Company.	L.L.C., of "Lt.C."
FICEE II - Address:			
mailing address and st	ruet address of the principal (office of the Limited I	Liability Company is:
Principal Office Address:			Mailing Address:
7247 NW 32 ST		7247	NW 32 ST
MIAMI, FL 33122		MIA	M1, FL 33122
Himited Liability Con	d Agent, Registered Office,	Registered Agent, Y	t's Signature: 'Ou must designate an individual or
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Howing 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. Thereby 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 agem as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title; "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
AMBR	ABREU, ANA
.	7247 NW 32 ST
	MIAMI, FL 33122
AMBR	GARCIA SALCINES, ALEXANDER
	7247 NW 32 ST
	MIAMI, FL 33122
(Use attachment if necessary)	
. Indiana and a second a second and a second a second and	
the date of filing.) Note: If the date inserted in this block does not me	of filing: (OPTIONAL) tific and cannot be more than five business days prior to or 90 days after tet the applicable statutory tiling requirements, this date will not be listed as
the document's effective date on the Department of	f State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	A /
- Ame	Abren
This document is executed I am aware that any false i	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in 5.817.155, F.S.
ABREU, ANA	

Typed or printed name of signee

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)

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