8/22/23, 9:44 AM



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.

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	Doing so will generate another cover sheet.	
Γo:		1777
	Division of Corporations	102
	Fax Number : (850)617-6381	:5:≺
From:		(C) (C)
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	131 C.
	Account Number : I20000000146 Phone : (305)444-4994	1
	Phone : 13051888-8998	
	Fax Number : (305)328-4774  the email address for this business entity to be used for	
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an	Fax Number : (305)328-4774  the email address for this business entity to be used for smull report mailings. Enter only one email address please mail Address:  FLORIDA LIMITED LIABILITY CO.	
an	Fax Number : (305)328-4774  the email address for this business entity to be used for nual report mailings. Enter only one email address please hail Address:	
an	Fax Number : (305)328-4774  the email address for this business entity to be used for smull report mailings. Enter only one email address please mail Address:  FLORIDA LIMITED LIABILITY CO.	

2023 AUG 22

Page Count 03

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$155.00

## AICHCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
DEEP UNDERGROL (Must conta		I Liability Compa	ay, "L.L.C.," or "LLC.")	<u></u>	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limi	ted Liability Company is:		
Principa	l Office Address:		Mailing Addre	<u>:85</u> :	
1822 NE MIAMI GA MIAMI, FL 33179	RDENS DR	<u>s</u>	AME		
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its ow	n Registered Ager		2023 AUG 22	£.,
The name and the Florida street a	ddress of the registere	ed agent are:		16.2 (18)	• -
	ALEXIS RODRIGU	JEZ		(0 × 10	* =_ [
		Name		图为 3	ا بر حو
	1822 NE MIAMI G	ARDENS DR		F	
	Florida street addre	ss (P.O. Box <u>NO'</u>	Lacceptable)	07	
	3.01.8.3.41	C)	721 <b>7</b> 0		

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. 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 agent as provided for in Chapter 605, F.S..

City

Registered Agent's Signature (REQUIRED)

State

(CONTINUED)

Zip

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	ALEXIS RODRIGUEZ 1822 NE MIAMI GARDENS DR	
	MIAMI, FL 33179	
AMBR	YARIEL REQUEJO	
	1822 NE MIAMI GARDENS DR MIAMI, FL 33179 :	20
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(Use attachment if necessary)		
LEV: Effective date, if other than the	e date of filing:	
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 o	days af
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Typed or printed name of signee

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

ALEXIS RODRIGUEZ

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