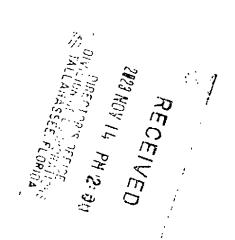
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COVER LETTER

	lew Filing Sec Division of Co					
SUBJEC	DEL DEL	LLC				
SUBJEC	•	Na	me of Lim	ited Liabi	lity Company	
The enclo	sed Articles of	Organization and	fee(s) are	submittee	I for filing.	
Please reti	ırn all corresp	ondence concerni	ng this ma	tter to the	following:	
	Daniel Shan	nooil				
	-			Name of	Person	
				Firm/Co	ompany	
	5550 Glades	s Rd, St 500				
		_	<u> </u>	Addi	ress	
	Boca Raton	FL 33431				
			Ci	ty/State ar	nd Zip Code	
	danny@sham	rockny.com				
		E-mail address: (te	be used	for future	annual report notificat	ion)
For further i	nformation co	ncerning this mat	er, please	call:		
	Daniel Sham	ooil	51 at (250-6131	
	Nan	ne of Person		ca Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amo	unt:			
■\$125.00) Filing Fee	□\$130.00 Filin Certificate of \$		Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	in Addraec			Street Address	

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

DEL DEL LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
TTICLE II - Address: e mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Jonathan Leder, PLL	C	
	Name	
888 E. Las Olas Blvd	, Suite 502	
Florida street address	s (P.O. Box <u>NOT</u> as	cceptable)
Fort Lauderdale	FL	33301
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..

Jonathan Leder
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records. VI: Other provisions, if any.		Name and Address:
Daniel Shamooil S550 Glades Rd, St 500		
Joea Raton FL 33431 W: Effective date, if other than the date of filing:	· ·	Daniel Shamaail
Boca Raton FL 33431 Boca Raton FL 33431	MOR	5550 Glades Rd, St 500
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W: Effective date, if other than the date of filing:		
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