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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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Email Address:\_\_\_\_\_

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## FLORIDA LIMITED LIABILITY CO. DNDN INVESTMENT LLC

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## ARTICLES OF ORGANIZATION

FOR  FI OPIDA I IMITED I IA PILITY COMPANY  AHASSEE, FL
FLORIDA LIMITED LIABILITY COMPANY  EFFECTIVE BATE 1-1-2024
ARTICLE I - Name: The name of the Limited Liability Company is:
DNDN Investment LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
4811 Sw 133 rd Ave Mani FL 33175
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
Nodrainis Bairos Alvarez
4811 Sw 133rd Ave Miani FC 33175
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  No diamis Baicos Alvarez (AMBR)
Darian Suarez Homs (AHBR)

EIN: 99-0386438

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Nidiain's Bailios Alvarez
Typed or printed name of signee

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)