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	/6:	
	(Business Entity Name)	
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Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
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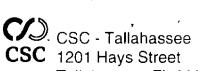
Office Use Only



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2023.

KECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594
Date: 12/27/23
Order #: 1358647-1
Re: DGR SPORTS LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

(Must contain the words "Limited Liabili	
	ty company. B.B.C. or B.B.C. y
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
40 SW 13TH STREET	40 SW 13TH STREET
	CLUTT 003
SUITE 802	SUITE 802
SUITE 802 MIAMI, FL 33130	MIAMI, FL 33130

DYMAN INTERNATIONAL SERVICES INC.

Name 40 SW 13TH STREET, SUITE 802 Florida street address (P.O. Box NOT acceptable)

MIAMI State

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)

ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = Autho			
"MGR" = Manage	r		
MGR		RICARDO DEL GIGLIO	
		40 SW 13TH STREET, SUITE 802	
		MIAMI, FL 33130	
			
			
•			
			
			<u> </u>
(Use attachment it			
	n this block does not mee ite on the Department of !	t the applicable statutory filing requirements, this date State's records.	will not be list
CLE VI: Other provis	•		
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REOUIRED SIG	NATURE:	Docutsigned by:	
	Y.	Doeusigned by:	
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REOUIRED SIG	Signature of a membrais document is executed	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida St	atutes.
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