

18/24 10:00 AM  
L240000247253  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H240000247253))



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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : PARASEC  
Account Number : 120180000086  
Phone : (916)576-7000  
Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

**FLORIDA LIMITED LIABILITY CO.**  
**Delamain Industries LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

24 JAN 18 PM 12:47  
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Delamain Industries LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

24 JAN 18 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

55 W Church St Apt 401  
Orlando, FL 32801

Mailing Address:

55 W Church St Apt 401  
Orlando, FL 32801

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

Paul Mercado

Name

55 W Church St Apt 401

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

32801

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..*

PMc

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:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Angeliz Rosado Cardona

2462 Lake Debra Dr Apt 2211

Orlando, FL 32835

AMBR

Julian David Fonseca Bautista

7901 Citrus Blossom Drive

Land O Lakes, FL 34637

AMBR

River Chiang

1489 Gaynor Ct

Deltona, FL 32725

AMBR

Christopher Reasner

823 Rich Dr

Oviedo, FL 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*PMc*

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Paul Florentino Mercado

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)

ATTACHMENT TO  
ARTICLES OF ORGANIZATION  
FOR  
DELAMAIN INDUSTRIES LLC

ARTICLE IV – THE NAME AND ADDRESS OF EACH PERSON AUTHORIZED  
TO MANAGE AND CONTROL THE LIMITED LIABILITY COMPANY  
(CONTINUED)

Victor Emanuel Santiago-Torres, AMBR  
2656 Oak Park Way  
Orlando, FL 32822

James Olmeda Rivera, AMBR  
Parc Tiburon 11, Calle 13  
Barceloneta, Puerto Rico, 00617-3022

Paul Florentino Mercado, AMBR  
55 W Church St Apt 401  
Orlando, FL 32801

Theodore J. Klein  
Attorney at Law  
8030 Peters Road  
Building D Suite 104  
Plantation, Florida 33324

\*\*\*\*\*

## FACSIMILE TRANSMITTAL COVER SHEET

\*\*\*\*\*

DATE: January 18, 2024

FROM: Theodore J. Klein

PHONE: (954) 370-2533

FAX: (954) 370-2566

To: Division of CorporationsFAX: 850.617-6381

CC: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

RE: H240000247433Number of Pages Including Cover Sheet 4 / Will also be Mailed?: Yes ☐ No ☐

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## COMMENTS

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