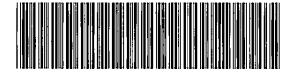
## L14000117484

(Requestor's Name)
(Address)
(, 201033)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
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FLORIDA' CAPITAL COURIER SERVICE	CES, INC
2330 CLARE DR	
TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243 /	<sup>7</sup> (850) 491–9625
Please use funds from this	account: I20210000160: \$125.00
Authorization Signature:	en france.
BUSINESS NAME	DOCUMENT #
DBDA Design Lab LLC	
Certified Copy	
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_XLimited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation \ 3
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS 29 177
Apostille	Foreign Filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:\_\_\_\_

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TALLAHASSEE, FL 32309	
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OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: New Filing Sec Division of Co			
CHARLES A PROPERTY.	sign Lab LLC		
SOBJECT:	Name of Lim	ited Liability Company	<del></del> -
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Costanza Ba	arducci		
		Name of Person	
		Firm/Company	
5 W 19th St	10th Floor		
		Address	
New York J	NY 10011		
<del></del>	Ci	ty/State and Zip Code	<del></del>
	E-mail address: (to be used t	or future annual report notificat	ion)
r further information co	oncerning this matter, please	call:	
Nan	at (at (_at (	ea Code Daytime Telephor	e Number
Enclosed is a check for t	the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailir	ng Address	Street Address	(i) U

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

DBDA Design Lab (Must conta	LLC ain the words "Limited	Liability Company,	, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street ad	ldress of the principal c	office of the Limited	d Liability Company is:	
Principa	al Office Address:		Mailing Address:	
150 SE 2nd Ave sutic Miami, FL 33131	: 701 	Sam	ne	<u> </u>
RTICLE III - Registered Age he Limited Liability Company nother business entity with an a he name and the Florida street a	cannot serve as its own active Florida registration	Registered Agent. on.)	nt's Signature: You must designate an individual	or
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration	Registered Agent. on.) d agent are:		or
The Limited Liability Company nother business entity with an a	cannot serve as its own cetive Florida registration address of the registered Premier Internationa 150 SE 2nd Av.	Registered Agent. on.) d agent are: l LLC Name e suite 701	You must designate an individual	lor
The Limited Liability Company to ther business entity with an a	cannot serve as its own active Florida registration address of the registered Premier Internationa  150 SE 2nd Average Florida street address	Registered Agent. on.) d agent are:  I LLC  Name e suite 701 os (P.O. Box NOT a	You must designate an individual	lor
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered Premier Internationa  150 SE 2nd Average Florida street address Miami	Registered Agent. on.) d agent are:  I LLC Name e suite 701 s (P.O. Box NOT a	You must designate an individual acceptable) 33131	lor
The Limited Liability Company nother business entity with an a	cannot serve as its own active Florida registration address of the registered Premier Internationa  150 SE 2nd Average Florida street address	Registered Agent. on.) d agent are:  I LLC  Name e suite 701 os (P.O. Box NOT a	You must designate an individual	lor

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Auth "MGR" = Manag	
<del>-</del>	_
<u>MGR</u>	Franceso Carbone
	150 SE 2nd Ave suite 701 Miami FL 33131
	MIAMI FL 33131
	<del></del>
	<del></del>
(Use attachment	if necessary)
of filing.)	ed, the date must be specific and cannot be more than five business days prior to or 90
fective date is liste of filing.) If the date inserted	ed, the date must be specific and cannot be more than five business days prior to or 90 lin this block does not meet the applicable statutory filing requirements, this date will no date on the Department of State's records.
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fective date is listed of filing.) If the date inserted ament's effective of LE VI: Other provide the REOUIRED SIGNATURE SIGNA	GNATURE:    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.
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fective date is listed of filing.) If the date inserted ament's effective of LE VI: Other provide the Country of the Country o	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, 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.  Francesco Carbone  Typed or printed name of signee  Filing Fees;  Fee for Articles of Organization and Designation of Registered Agent.
fective date is listed of filing.) If the date inserted ament's effective of the triangle of triangle of the triangle of triangle of the triangle of t	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. 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.  Francesco Carbone Typed or printed name of signee