Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

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Email	Address:	

FLORIDA LIMITED LIABILITY CO. D&N ABASCAL INVESTMENTS LLC

Certificate of Status	1	
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Estimated Charge	\$130.00	

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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEN Abascal IndestMEnts LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
-6465 5W 3351
33155 Alami Fl.
7A;; 20
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
NOEL abaseal Lazara
6465 5W 3357
23155 flami FL.
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
NOEL abas Lozand AMBR
(AMBR)

EIN: 99-1936427

Required Signatures:

3052201440

Signature of a member or an authorized representative of the 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.

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 agen; as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)