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(((H24000149378 3)))



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Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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FLORIDA LIMITED LIABILITY CO. DARKO SERVICES LLC

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From & Prime Corporate Filing 1.305.564.6768 Wed Apr 24 09:33:10 2024 MDT Page 2 of 3 (((H24000149378 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

DARKO SERVICES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8791 NW 39th ST. Building #7 Apt 8791	8791 NW 39th ST. Building #7 Apt 8791
Sunrise , FL 33351	Sunrise , FL 33351

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:

DOWNTOWN ACCOUNTING MIAME

Name

255 E FLAGLER ST. SUITE 101

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

 MIAMI,
 FL
 33131

 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.

Cesar Vidal

Registered Agent's Signature (REQUIRED)

(CONTINUED)



From Prime Corporate Filing 1.305.564.6768 Wed Apr 24 09:33:10 2024 MDT Page 3 of 3 (((H24000149378 3))

(Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and caunot be more than five business days prior to or 90 date of filing.) tit file date inserted in this block does not meet the applicable statutory filing requirements, this date will not edocument's effective date on the Department of State's records. CTICLE VI: Other provisions, if any. HE PURPOSE OF THE ENTITY SHOULD BE ANY AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: 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.	AMBR PAOLA ANDREA FRANCO ISAZA 8791 NW 39th ST, Building #7 Apt 8791 Sunrise FL 33351 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a filing.) the date inserted in this block does not meet the applicable starutory filing requirements, this date will not be listed: selfective date on the Department of State's records. VI: Other provisions, if any. PROSE OF THE ENTITY SHOULD BE ANY AND ALL LAWFUL BUSINESS EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 609.0203 (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. PAOLA ANDREA FRANCO ISAZA Typed or printed name of signee	Title: "AMBR" - Authorized Member	Name and Address:	
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