L24000332318

•
(Requestor's Name)
(Address)
_ (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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GENED

Release and Permission to Use Name

(i)nte) 07/30/2024

To: Florida Department of State Bivision of Corporations

Re: Release and permission to use name

Finite's name: Design Lab by DBDA LLC

Florida Doc, Number: L24000327292

The date the document was filed with the Division of Corporations. July 26th 2024

I give my permission to release the name. Design Lab by DBDA LLC

to make it available to the Division of Corporations for use by others. I will not respect this release of name.

Sinchely,

Printed Name Francesco Carbone

Hiller MGR

(NOTARY)

Maria-Costanza Barducci
Comm.: HH 513813
Expires: May 25, 2028
Notary Public - State of Florida

COVER LETTER

	ew Filing Se- ivision of Co					
SUBJECT	_	b by DBDA LLC				
1900m.c T	Name of Limited Liability Company					
The enclose	ed Articles of	Organization and fee(s)	are submitted for filing.			
Please retu	m all corresp	ondence concerning this r	natter to the following:			
	Costanza Ba	arducci				
			Name of Person			
		-	N: (1)			
			Firm/Company			
	5 W 19th St	10th Floor				
			Address			
	New York,	NY 10011				
	-		City/State and Zip Code			
_		E-mail address: (to be use	d for future annual report notificat	ion)		
For further in	iformation co	oncerning this matter, plea	se call:			
		at ()			
•	Nan		Area Code Daytime Telephor			
Enclosed is	a check for t	he following amount:				
■\$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	©\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
		ng Address	Street Address New Filing Section D	division		
New Filing Section Division of Corporations P.O. Box 6327		on of Corporations	The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Design Lab by DBDA				
(Must contai	in the words "Limited Li	ability Company, "I	L.C.," or "LLC.")	
CLE II - Address: ailing address and street add	dress of the principal off	ice of the Limited L	iability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
150 SE 2nd Ave suite	701	same a	same as principal	
Miami, FL 33131 CLE III - Registered Ager imited Liability Company or business entity with an ac	cannot serve as its own R	Registered Agent. Yo	's Signature: ou must designate an individua	
CLE III - Registered Agei imited Liability Company o	cannot serve as its own R rtive Florida registration	Registered Agent. Yo	's Signature: ou must designate an individua	
CLE III - Registered Agei imited Liability Company or business entity with an ac	cannot serve as its own R rtive Florida registration	Registered Agent. You.) agent are:	's Signature: ou must designate an individua	
CLE III - Registered Agei imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration ddress of the registered a Premier International I	Registered Agent. You.) agent are:	's Signature: ou must designate an individual	
CLE III - Registered Agei imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration ddress of the registered a Premier International I	Registered Agent. Your statement of the second section of the section of	's Signature: ou must designate an individua	
CLE III - Registered Agei imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration ddress of the registered a Premier International I	Registered Agent. Your statement are: LLC Name	nu must designate an individual	
CLE III - Registered Agei imited Liability Company or business entity with an ac	cannot serve as its own Retive Florida registration ddress of the registered a Premier International I 150 SE 2nd Ave suite	Registered Agent. Your statement are: LLC Name	nu must designate an individua	

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..

(CONTINUED)

Register Agent's Signature (REQUIRED)

2024 JUL 30 THO: 14

AR	ГIС	ĿЕ	IV

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

Title:	Name and Address:
	uthorized Member
"MGR" = Ma	•
MGR .	Francesco Carbone- 150 SE 2nd Ave suite 701 Miami, FL 33131
(Use attachm	ent if necessary)
RTICLE V: Effectiv	e date, if other than the date of filing: August 1st 2024 (OPTIONAL)
If an effective date is he date of filing.)	listed, the date must be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inser	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	we date on the Department of State's records.
ARTICLE VI: Other p	rovisions, if any.
REQUIRED	SIGNATURE: /L
	francesco carbone
	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.
	Francesco Carbone
	Francesco Carbone 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)