## L24000399996

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.

Office Use Only

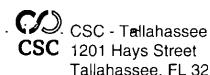


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THOMIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563
Date: 09/16/24
Order #: 1625353-1
Re: D & G Futebol, LLC
Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	D & G Fı	utebol, LLC	
(Must	contain the words "Limited Lia	ability Company, "L.	L.C.," or "LLC.")
TICLE II - Address: e mailing address and stre	et address of the principal office	ice of the Limited Lia	ability Company is:
<u>Prin</u>	ncipal Office Address:		Mailing Address:
	40 SW 13TH STREET SUITE 802		
40 SW 13TH ST	REET SUITE 802	40 SW	13TH STREET SUITE 802
MIAMI, FLORI  ETICLE III - Registered the Limited Liability Comp	DA 33130  Agent, Registered Office, &	Registered Agent's	Signature: u must designate an individual or
MIAMI, FLORI  RTICLE III - Registered the Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registration.) There and a different address of the registered agents.	Registered Agent's egistered Agent. You )	Signature: u must designate an individual or
MIAMI, FLORI  RTICLE III - Registered the Limited Liability Compother business entity with	Agent, Registered Office, & pany cannot serve as its own Registered an active Florida registration.) There address of the registered agency in the	Registered Agent's egistered Agent. You ) gent are:	Signature: u must designate an individual or
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further agree to comply with the provisions of all statutes relating to the proper and complete performance of my and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	DYLAN DEL GIGLIO
···	40 SW 13TH STREET SUITE 802
	MIAMI, FLORIDA, 33130
	L AH
	'سا -بيا
V: Effective date, if other than the date	of filing: (OPTIONAL)
tive date is listed, the date must be sp filing.) ne date inserted in this block does not r ent's effective date on the Department	of filing:  ecific and cannot be more than five business days prior to or 90  neet the applicable statutory filing requirements, this date will not
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