## L24000455720

(Requestor's Name)				
(Address)				
(Address)				
(muuless)				
(City/State/Zip/Phone #)				
WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
to Filing Officer:				

Office Use Only



800437128948

10/23/24--01004--012 +\*\*f25.00

PHOCT 29 PHI2: 34

## COVERLETTER

	New Filing Sec Division of Cor				
SUBJEC	DRGA US	.1.1.C			
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	<del></del>	
The encle	sed Articles of	Organization and fee(s) are	submitted for filing.		
Please ret	urn all correspo	ondence concerning this mat	ter to the following:		
	CHARLES S	SERFATY			
			Name of Person		**~1
	SERFATY I	AW PA			በን• . ና
			Firm Company		- i - l - > }
	4770 BISCA	YNE BLVD SUITE 1430			)
			Address		:
	MIAMI, FL	33137			ر. جن 1-
	COUNTAINS		ty/State and Zip Code		
		#SERFATYLAW.COM E-mail address; (to be used)	for future annual report notificati	on)	
For further		ncerning this matter, please	·		
		ne (	)		
	Nam		ea Code Daytime Telephone		
Enclosed	is a check for the	ne following amount:			
≝8125.0	0 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐!\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	
	New F	g Address ding Section	Street Address New Filing Section Di		
	P.Ö. B	on of Corporations ox 6327 assee, FL 32314	The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230,	n, Suite 810	

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name:

The name of the Limited Liab	ility Company is:			
DRGA US LLC				
	ontain the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	Loffice of the Limi	ited Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
4770 BISCAYNE MIAMI FLORIDA	BLVD SUITE 1430 C33137	<u>S</u>	SAME	
another business entity with a	ny cannot serve as its ov n active Florida registra	vn Registered Age tion.)	egent's Signature: nt. You must designate an individual o	
The name and the Florida stree	et address of the register	ed agent are:		
	SERFATY LAW PA Name			
	4770 BISCAYNE BLVD SUITE 1430 Florida street address (P.O. Box <u>NOT</u> acceptable)			
	riorida street addi	ess (r.O. 60x <u>80</u>	1 acceptable)	
	МАМ	FL.	33137	
	City	State	Zip	
place designated in this certifica urther agree to comply with the	te. Thereby accept the approvisions of all statutes obligations of my position	opointment as regis relating to the plo in as red steved use	the above stated limited liability compatered agent and deree to act in this cap per and completely performance of my digit as provided fights. Chapter 605, F.S. mature (CEQUIRLD)	oacity. 1 uties, and 1

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	GABRIEL DA SILVA ALMEIDA Ruta 8, Km. 17,500, Zonamerica, Office 120, 91600.
	Ruta 8, Km. 17.500, Zonamerica, Office 120, 91600.
	Montevideo, Uruguay
<del> </del>	
	·
<del></del>	
	;
	•
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.)	e date of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Lendh police
This document is of Lam aware that an	f a member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in \$.817,155, F.S.
	GARRIEL DA SILVA ALMEIDA

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 8 5.00 Certificate of Status (Optional)