Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000380464 3)))



H240003804643ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

# FLORIDA LIMITED LIABILITY CO. DULMIRSA PROPERTIES LLC

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

2024 NOV 15 AM 5: 29

JACOBY TANKY OF STATE

JACUARY TANKY OF STATE

JACUARY TANKY OF STATE

JACUARY TANKY OF STATE

JACOBY TANKY OF STAT

r r

Electronic Filing Menu

Corporate Filing Menu

Help

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

AKI	ICLE	ι-	Name:
-----	------	----	-------

The name of the Limited Liability Company is:

## **DULMIRSA PROPERTIES 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:

1302 SW 142 CT	1302 SW 142 CT
MIAMI, FL 33184	MIAMI, FL 33184

Mailing Address:

## 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:

Principal Office Address:

<u>MIREYA MARTIN</u>	Name	·
1302 SW 142 CT		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
міамі	FL	33184

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..

Musyo Warte	
Registered Agent's Signature (REQUIRED)	-

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MIREYA MARTIN 1302 SW 142 CT MIAMI, FL 33184
(Use attachment if necessary)	
f an effective date is listed, the date must be e date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a number of State's records.
RTICLE VI: Other provisions, if any.	iii of state s records.
REQUIRED SIGNATURE:	
This document is exer I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
MIREYA MA	RTIN

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)