

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. DON PELAYO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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OLLEGIC ONCENZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Don Pelayo, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
	
6355 NW 36 Street	6355 NW 36 Street
6355 NW 36 Street Suite 307	6355 NW 36 Street Suite 307

The name and the Florida street address of the registered agent are:

Law Office of Pelayo Duran, P.A. Name 6355 NW 36 Street, Suite 307 Florida street address (P.O. Box NOT acceptable) Virginia Gardens Florida 33166 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member	Name and Add	
	Name and Address:	
"MGR" = Manager		
MGR	Pelavo M. Duran	
	6355 NW 36 Street Suite 307	2
	Virginia Gardens, Florida 33166	
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ARTICLE V: Effective date, if other than the de (If an effective date is listed, the date must be the date of films)	ate of filing: 11/21/2024 (OPTIONAL)	
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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)