C24000579412

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

Office Use Only



800441408898



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Danimona LLC	
Please Debit FCA000000003 For: 125	2024 DEC
Thank you Seth Neeley	C)
Stall	Art of Inc. File
	LTD Partnership File C
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	v Filing Section ision of Corporations			
SUBJECT:	Danimona	LLC		
	Name of	Limited Liability Company		
The enclosed	Articles of Organization and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the following:	:	วับวิก
_	Daniella S	ternthal	<u>.</u> .) JEG (
		Name of Person	(S)	26 f.:
_		Firm/Company	72.7	j: i, 7
-	21205 NE 3	17th Ave Apt 2102 Address	<i>i</i> .	7
_	Aventura /	City/State and Zip Code Ai. COM		
	SGO AMIT	City/State and Zip Code		
_	E-mail address: (to be u	used for future annual report notification)		
For further inf	ormation concerning this matter, pl	lease call:		
Da	niella Sternthal ar	Area Code Daytime Telephone Number		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is a	check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee ficate of Statu fied Copy nal copy is er	ıs &
	Mailing Address New Filing Section	Street Address New Filing Section		
	Division of Corporations P.O. Box 6327	Division of Corporations		
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
DANIMONA	· LLC		
(Must contain the words "Limited L	iability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Li	ability Company is:	2
Principal Office Address:		Mailing Address	2024 DEC
21205 NF 37th AVE	217	OS WE 37th	Ave 3
Ap+ 2102	<u> ብቃት</u>	2102	<u> </u>
Auntura FL 37180	<u>ny</u>	ntura fL 33) t	0
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own) another business entity with an active Florida registration	Registered Agent, Yo		dual or co
The name and the Florida street address of the registered	agent are:	1	
Daniella	Sterntha		
	Name		
51302 NE	37th Ave	105 tdy	
Florida street address	(P.O. Box NOT acce	ptable)	
Aventura	fL	33180_	
City		Zip	
Javing have nowed as registered agent and to account sami-	es of nearess for the o	hava statad limitad liahilitu	company at the

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	\mathcal{D} . A \mathcal{O} . Let
MGR	Daniella Sternthal
	2120 T NE 37th Are Apt 2102
	Aventura FL 33180
MGR	1: 5 1: 61 611
191012	Moises Jonathan Cohen Cababie
	20225 NE 34 CT APT 517
	Aventure FL 33180
	22
	N
	
	E
	<u></u>
(Use attachment if necessary)	
(
••	7
CLE V: Effective date, if other than the deffective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department's effective date on the Department's effective date on the Department of the D	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department's effective date on the Department's effective date on the Department of the D	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records. Daniel La
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is executed.	price and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records. December of an authorized representative of a member. cuted in accordance with section 605,0203 (1) (b). Florida Statutes
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any factories.	December 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.
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any factories.	price and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records. December of an authorized representative of a member. cuted in accordance with section 605,0203 (1) (b). Florida Statutes

as

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)

ARTICLE IV-